PHYSICIANS should state of OCCUPATION is very

Exact statement

may be properly classified.

should

AGE

carefully supplied.

that it

9

Every item of information should be CAUSE OF DEATH in plain terms, s

N. B.

DEATH in plain terms,

See instructions on back of certificate.

Important.

15

RECORD

PERMANENT stated EXACTLY.

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UNFADING INK-THIS IS

WRITE PLAINLY, WITH

#### 'PLACE OF DEATH allegan County-Village or City 2FU PERS 3 SEX 6 DATE OF BIRT 7 AGE BOCCUPATION (a) Trade, profession particular kind of w (b) General nature business, or estab which employed (or

19	STATE OF M	1ARY	LAND
11	CERTIFICATE	OF	DEATH
the sale	of		a

Registration	Dist.	No

St.; -Ward)

[If death occurred to a hospital or lostitution,

	FULL NAME Daviel	abel give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	ex Color or race 5 single, MARRIED, WIDOWED, M arried ORDIVORCED (Write the word)	16 DATE OF DEATH May 27 ,1914  (Month) (Day (Year)
6 D	(Month) (Day (Year)	that Last saw h in alive on may 17, 1914.
<sup>7</sup> A	GE 11 LESS than 1 day,	and that death occurred on the date stated above, at 25 m. The CAUSE OF DEATH* was as follows:
(a pa (b) bus	CCUPATION () Trade, profession, or articular kind of work () General nature of industry, siness, or establishment in	Chronic Endocartités
	IRTHPLACE (State or country) wayland	Contributory Secondary
PARENTS	11 BIRTHPLACE OF FATHER (State or country) No work known.  12 MAIDEN NAME	(Signed)
	13 BIRTHPLACE OF MOTHER (State or country) Alo not busin. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.  At place in the of deathyrs mos ds.  Where was disease contracted,
17	(loformant) Clarence abel  (Address) Frosething Und.	if not at place of death?  Former or  usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	2	Alla Coen. Span 29,1916

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If more hlanks are needed address State Registrar, 6 E. Franklin St., Baito, Requesting V. S. No. 1.

REGISTRAR

(No.

[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. Care it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, essary to know cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (a) the kind of work and also (b) Farmer or Planter, As examples: "Foreman," (4)

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU.V.S.

OCCUPATION RECORD PERMANENT instructi 2 ā OF mportant. CAUSE

PLACE OF DEATH

#### STATE OF MARYLAND

CERTIFICATE OF DEATH County..... Registration Dist. No ... Ilt death occurred in a hospital or institution. give its NAME Instead of street and number. ] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDDWED. (Month) (Dav (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date atated above, at 1 day .....hrs. OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duretien) which amployed (or employer) Contributory..... 9 BIRTHPLACE (State or country) Secondary (Quration) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (Address) PARENT State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ..... yrs, \_\_\_\_ Where was disease contracted. BEST OF MY KNOWLEDGE It not at piece of death? Former or (Informant) --usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, C E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

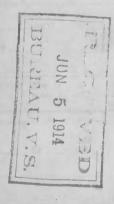
Furniture &

[Approved by U. S. Census and American Public Health Association.]

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#### PHYSICIANS should of OCCUPATION IS RECORD classified. ATH in plain instructions DEAT OF CAUSE OF

1 PLACE OF DEATH STATE OF MARYLAND state Very CERTIFICATE OF DEATH Registration Dist. No fif death occurred in a hospital or institution. give its NAME Instead of street and number.] 2FULL NAME. PERSONAL AND/STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE S STRULE. 16 DATE OF DEATH) MARRIED. WHOOWED. (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 191 to May allys on ..... Monsh TAGE If LESS than and that dasth occurred on the date stated above, at 1 day ..... hrs. OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which amployed (or employer) Contributory. Secondary (Signed) 0 11 BYRTHPLACE PARENT (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA 13 BIRTHPLACE At place In the State or g of death ...... yrs. ..... mos. ..... State ..... yrs, \_\_\_\_ mos. Where was disease contracted. If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) ... 15 0017 20 UNBERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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V. S. No. 1.

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RECORD

1 PLACE OF DEATH 4403

STATE OF W	IAKI	LAND
CERTIFICATE	OF	DEATH
		H

Registration Dist. No..... .Ward)

[it death occorred in a hospital or institution, give Its NAME Instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 5	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Mofth) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
8 D/	ATE OF BIRTH	Trans a is the off
-	OET 15 , 185'6 (Month) (Day (Year)	that I last saw h. alive on Duly 24, 191
TAC	If LESS than t day,hrs.	and that death occurred on the date stated above, at
(a)	Trade, profession, or the state of the state	Spanning the same
busi	General nature of Industry, ness, or establishment in ch employed (or employer)	(Duration) yrs mos ds.
9 81	RTHPLACE (State or country)	Gontributory Graf Land
ITS	10 NAME OF FATHER CANTERNAY BANNETT	(Signed) (Signed) (Address) Cerebe language
AREN	(State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF, INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Δ.	13 BIRTHPLACE OF MOTHER (State or country)  State of country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs mos ds ds ds.
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15	MAY 26 1914	PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  MANA 2, 1914  20 UNDERTAKER  ADDRESS

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V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Co	1 PLACE OF DEATH 4404 unty ally any	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.
Vi	Hage or City Eller Sler MANO.,	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
BDA	(Month) (Day) (Year)	that I list saw her alive on way 19th, 1914
7 AG	It LESS than   1 day,	and that desth occurred on the date stated above, at m, The GAUSE OF DEATH * was as follows:
(a) par (b) busin white	Trade, profession, or flicular kind of work	(Duration) yrs. mos. ds.  Contributory (Secondary)  (Doration) yrs. mos. ds.
RENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed) (Address) Allersh M. D.  - 191 (Address) Allersh M. D.  *State the Disease Caused Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PA	of Mother Emmy, file  13 BIRTHPLACE OF MOTHER (State or country)  Pa	1BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death
	Informant) I seloh le Paricord	Where was disease contracted, If not at place of death?  Former or usual residence
	(Address) Aller Dler Mid	Welling long Va. 5-23-1914
15 File	ed	20 UNDERTAKER Limberland
	If more blanks are needed, address State Registra	er, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscipal cause of lungs, meninges, peritonaeum, etc..

cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUEEPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpreral septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia oma. Sarcoma. etc., of ..... ture of the American Medical Association.) Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," ... (name origin; "Can-Examples: HOT VIO



PERMANENT FOR BINDING UNFADING INK-THIS IS RESERVED PLAINLY, WITH MARGIN WRITE

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD CAUSE OF Important. 1 PLACE OF DEATH



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[It death occurred in a hospital or Institution, give its NAME Instead

FULL NAME JAMES / lilliam	(TRA) OI STREET AND NORMOUT.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White the word)  4 COLOR OR RACE MARRIED, Suigle Widoweo, OR DIVORCED (Write the word)	DATE OF DEATH MOST 17 ,191 (Month) (Day (Year)
8 DATE OF BIRTH  Soci5, 886  (Month) (Day (Year)	that I last saw h allve on may 7, 191
7 AGE  27 yrs mos 2ds or min.?	and that death occurred on the date stated above, at 7:55cm  The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds
9 BIRTHPLACE (State or country)  10 NAME OF COM	Contributory Secondary  (Duration)yrs
11 BIRTHPLACE OF FATHER (State or country)	(Signed), 191, (Address)
12 MAIDEN NAME OF MOTHER DAVY Sewman  13 BIRTHPLACE OF MOTHER (State or country)	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transients or Recent Residents)  At place In the ot deathyrs,mos,ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Auna Prosby	Where was disease contracted, if not at place of death?
(Address) 1917 25 Ma Grant Filed 131 Jack Registran	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of oeeupa-If retired from business, that fact may be indl-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenelasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocte., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid—probably suicide. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senilc," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the Never report



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Instructions

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.. If death occurred la hospital or Institution. of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, at \_\_\_\_\_\_ f day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or amployer) ..... 9 BIRTHPLACE Contributory Secondary (State or country) (Duration) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ..... yrs. \_\_\_\_ mos. Where was disease contracted. TO If not at place of death? ... Former or usual residence. 19 FLACE OF BURIAL OF REMOVA DATE OF BURIAL 15 UNDERTAKER ADDRESS REGISTRAF If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illwho receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborcr," "Foreman," (b) Cotton mill; (a) Salesman, (b) As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canby earbolic acid-probably suicide. The nature of the Aceidental drowning; Struck by railway train-acciaffection need not be stated unless important. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in ...Ward) a hospital or Institution, give Its NAME Instead of street and number. I buer Bishop PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, Married WIDOWED, ORDIVORCEO (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day (Month) 7 AGE If LESS than and that death occurred on the date stated above, at & 1 day.\_\_hrs. The CAUSE OF DEATH\* was as follows: 4 2 vrs 00 mos 0. ds. OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of industry. business, or establishment In which employed (or employer) ..... BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_ State \_\_\_\_\_ yrs. \_\_\_\_ mos. \_ ds. Where was disease contracted. It not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

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1 PLACE OF DEATH

4409

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No...

[If death occurred in a hospital or institution, give its NAME instead of street and nomber.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDINGRED ORDINGRED (Write the word)	16 DATE OF DEATH Man 24, 1914  Month) (Day (Year)  17 2   HEREBY GERTIFY, That I attended deceased from
6 D/	(Month) (Day (Year)	that I last saw her alive on has 24 1914
(a)	(=0.02)	and that death occurred on the date stated above, at \$30 p.m.  The CAUSE OF DEATH* was as follows:  Acute Delatin Theers follows applied.
(b) bus whi	General nature of industry, iness, or establishment in ch employed (or employer)  RTHPLACE (State or country)	Gontributory Exaction yrs mos yes.  Secondary
ARENTS	10 NAME OF FATHER SUMES WE Wall  11 BIRTHPLACE OF FATHER (State or country)  Va	(Signed) (Quration) yrs 6 mos ds.  (Signed) (Signed) (M. 0.  M. 0.  M. 15, 191 4 (Address) Oscillula A Und 1.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
<b>Q.</b>	13 BIRTHPLACE OF MOTHER (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of deathyrs,mosds. Where was disease contracted,
	(Informant) James a. M. Habb (Address) 11 James from St. De Warra	former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
18 File	MAY 2 8 1914 Reps Paux	Lorse Seen Cumbo
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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The

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such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Con	PLAGE OF BEATH 4410	92 STATE OF MARYLAND CERTIFICATE OF DEATH
	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	Registration Dist. No.
Vill	age or City Long and (Not Leg 2FULL NAME DAY DOSSO	[if death occurred in a hospital or Institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
m	4 COLOR OR RACE  Single,  MARRIED,  MOT TIECL  WIDOWGO,  OR DIVORCEO (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 D/	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that I last saw h and alive on make 10 ,1914
7 A C		and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or hande Lear Mare		The present
busi	General nature of industry, ness, or establishment in At Cause Wildwest Craus the employed (or employer)	(Ouration) yrs mos 6 ds.
- 81	(State or country)  ymn Maso	Secondary (Paration) was ds.
	10 NAME OF FATHER	(Signed) To Franklij, M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) (In Amount	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PAR	12 MAIDEN NAME Coullnows	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCINENTAL, SUICINAL, OF HOMICINAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country Level Lucron)	At place of deathyrsmosds. Stateyrsmosds
	Informant) H- Joseph Secret My Knowledge	Where was disease contracted, if not at piace of death?  Former or usual residence.
15	(Address) 522 West 156 et hay york &	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  St. Cathan R. Marsh 1914
File	MAY 21 1914 PREGISTRAR	20 UNDERTAKER ADDRESS
	Is more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

merc symptoms or terminal conditious, such as "Asaffection need not be stated unless important. Exvalvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canehildbirth or miscarriage as "Puerperal septichaethenia," "Anacmia" (merely symptomatic), "Atrophy," eause of death approved by Committee on Nomenclasepsis, tctanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for ete., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Deblity" ("Con-Bronchopnoumonia (seeondary), 10 ds. Never report ture of the American Mcdlcal Association.) "Contributory." by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No..... PERSONAL AND STATISFICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. ORDIVORCED WORD (Month) GERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, .....hrs. DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country Gontributory..... Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOZHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. .... State \_\_\_\_\_ yrs, \_\_\_\_ mos. Where was disease contracted. 14 THE ABOVE IS OF MY KNOWLEDGE If not at place of death? ---Former or usual residence. ACE OF BURYAL OR REMOVAL 15 ONDERTO REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

lif death occurred in

a hospital or institution. give Its NAME instead of street and number. ]

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DATE OF BURIAL

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[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers it should be used only when needed. As examples: cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, (b) "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," themia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Asample: Meastes affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," etc. State cause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.

JUN 8 1914

V. S. No. 1.

N. B.-

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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT 4 PLAINLY, WITH UNFADING INK-THIS IS WRITE CAUSE OF I

(Address)

PLACE OF DEATH 4412  County Class or City Page (No.		STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
	2FULL NAME Piley B	a hospital or institution, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE MARRIED, WIDWED, DROIVDRED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH  South & 8, 1837  (Month) (Day (Year)		17 I HEREBY GERTIFY, That i attended deceased from  1912, to 1914.  that I last saw h alive on 1914.
7 AGE  1 LESS than 1 day,hrs. 0 Rmin.?		and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work.  (b) General nature of Industry,		Chine haplants
busi	ness, or establishment in ch employed (or employer)	(Duration) 3 yrs mos ds.
9 BIRTHPLACE (State or country)		Gentributory Enact Quasares Secondary  (Doration) yrs 3 mos ds
	10 NAME OF FATHER Jack Bridges	(Signed) Falan S. Minney, M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accident
PAR	12 MAIDEN NAME Sally Cessua	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds

Where was disease contracted, If not at place of death?

usual residence

PLACE OF	BUHIAL OH	REMOVAL
1	1	0
Deans	Com	100

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially ln industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations ou statement of thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (discase causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent)



V. S. No. 1.

PLACE OF DEATH 4413	STATE OF MARYLAND
County allegany	CERTIFICATE OF DEATH
ounty desired	Registration Dist. No.
Culled 29	10 +
lage or City (No. 2/2,	a hospital or institution
60. 1H 11	tael Butles give its NAME inste
FULL NAME Cligabili He	gel Buller
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE,	16 DATE OF DEATH May 31
male white (Whote the word)	(Month) (Day (Year
DATE OF BIRTH	I HEREBY CERTIFY, That I sttended deceased for
DATE OF BIRTH 47 1904	May 20, 1914 to May 31, 191
(Month) (Day (Year)	that I lest eew he elive on May 34 ,191
7 AGE It LESS than	and that death occurred on the date stated above, at
9 yrs // mos // ds or min.?	The CAUSE OF DEATH* was as follows:
OCCUPATION	
(a) Trade, profession, or particular kind of work	Dearer Twen,
(b) General natura of Industry,	***************************************
business, or establishment in which employed (or amployar)	(Ouration) Oyrs Omos
BIRTHPLACE (State or country)	Gontributory Pyrucic HEAT Nessa
um rolland Ma.	ABURNION Byrs // mos 4
10 NAME OF STATE R TO	(Signed) St. J. Jurga
11 BIRTHPLACE A	May 3/1914 (Address) Coultifact D
OFFATHER (State or country umbuland Md.	
12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOI CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCUTAL, SUICIDAL, or HOMICIDAL.
Mand Herse	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT REGIDENTS)
13 BIRTHPLACE OF MOTHER	At place In the
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ot death yrs mos ds. State yrs mos
9 15 16 16	If not at place of death?
(Informant) Shaully Bulla	usual residence
(Address). Cemperland Mas	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
6 1 1914 / / / / / / ·	Rose Hill cemetary June 31, 191
Filed 11 19 alph Ht tan	20 UNDERTAKER ADDRESS
REGISTRAR	De Bearing
The plants are needed, address State Regis	stran, 6 E. Franklin St. Bayto., Requesting V. S. No. 1,
	11 work of the

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is neefirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Forcman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



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County Alledans	STATE OF MARYLAND CERTIFICATE OF DEATH
County allegan	Registered No
Village or City Mullothium (No. 710  2 FULL NAME Catherine Car	St; Ward) [If death occurre a hospital or institution give its NAME institution of street and number
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Fymule while (Write the word)  8 DATE OF BIRTH	(Month) (Day) (Year)  I HEREBY GERTIFY. That I attended deceased fr
200. 23° 18668)	2 1913, to 11 41 191, 191, saw h 45 alive on 11 191
7 AGE II LESS than and that c	eath occurred on the date stated above, at 17 P
8 OCCUPATION  (a) Trade, profession, or particular kind of work  T.,	E OF DEATH * was as follows:  Chronic Bright  Elsufficient heart
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Set 1 (Second	
10 NAME OF FATHER John Prenties (Signed)	Guration) 2 yrs. 6 mos 720
Z (State or country)	the DISEASE CAUSING DEATH, or, In deaths from Violens
of Mother Cathere Man bul 18 LENGT OR REC	CIDAL, OF HOMICIDAL.  H OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN IN TRESIDENTS)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE If not at pla Former or	Isease contracted, se of death?
	OF BURIAL OR REMOVAL OATE OF BURIAL
Filed 191 REGISTRAR	TAKER ADDRESS

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer" etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal been changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers statement. who receive a definite saiary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing draft (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS, State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronia nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "PUERPERAL septichaeinterstitial nephritis. (name origin; "Can-The nature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

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PHYSICIANS should state of OCCUPATION IS very

RECORD

PLACE OF DEATH 4415
County Ellipany

Village or City X tra Consider (

STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dist, No.
Vill	2FULL NAME andrew Jack	give Its NAME instead
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	ala Wlute (Write the word)	16 DATE OF DEATH May 22 and ,191-
7 A (	Teb. 15tt 1844  (Month) (Day (Year)	that I last saw h alive on 191 and that death occurred on the date stated above, at 8.139.  The GAUSE OF DEATH* was as follows:  Patrick died suddinly white at work at his track.
bus whi	General nature of Industry, iness, or establishment in ch employed (or employer)  RTHPLACE (State or country)	Chronic Valendas (Question) & Secondary
PARENTS	10 NAME OF FATHER UNUSUAN A STATE OF MOTHER (State or country) UNUSUAN A STATE OF MOTHER UNUSUAN A STATE OF MOTHER (State or country) UNUSUAN A STATE OF MOTHER (State or country) UNUSUAN A STATE OF MOTHER (State or country)	(Signed) (Si

4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Interment) & Harry Colark

16 Filed May 2 2 , 191 4

D. Bullook REGISTRAN 19 pfect of notion of the court

Western for TMd

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ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Ralto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

applies to each and every persou, irrespective of age. tion is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g. Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberenclesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness." "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection uced not be stated unless important. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of The nature of the "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 5 1914
BUREAU, V.S.

N. B.

1 PLACE OF DEATH

County allegany 4416	CERTIFICATE OF DEATH
Village or City Cureles land (No. 4 /	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single,  Married,  Married,  Married,  Widowed,  Write the word)	16 DATE OF DEATH May 2 , 1914  (Month) (Day (Year)  17
DATE OF BIRTH  (Month)  (Day  (Year)	that I last saw h in allve on aprel 25, 1914.
7 AGE   It LESS than 1 day,	and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession, or particular kind of work  Cas refaires	apoplegy
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 20 ds.
9 BIRTHPLACE (State or country) Maine	Secondary (Burellen) was to do
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER	(Signed) W. R. Hodger M. D. May 4, 1914 (Address) Cumberland, M.
Z (State or country)  Z (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	CALTES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of death yrs, mos ds
(intermant) Selaste	Where was disease contracted, If not at place of death?  Former or usual residence
16 MAY 4 1014 July Dan Dave	Padeville Perua 5 4 1914
REGISTRAR  If more blanks are needed, address State Registral	regr & E Prophin St Pole Possible of N. 4

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is iddefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," Never report



		state
		N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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)	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it milmportant. See instructions on back of certificate.
		y ite
V. S. No. 1.		CAU
V. S.		N. B.

PLACE OF DEATH	STATE OF MARYLAND	
County allegance	CERTIFICATE OF DEATH	
County County	Registration Dist, No.	
p / I f	1_ n'	
Village or City Lucus Erland (No. 10	Ward) [If death occurred in a hospital or institution,	
a	give its NAME Instead	
FULL NAME Churas Wils	on Clever	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH TM.	
MARRIED, Surge	(Month) (Day (Year)	
Male White ORDINGREED (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from	
B DATE OF BIRTH	, 191, to, 191,	
(Month) (Day (Year)	that I last saw halive on	
7 AGE   If LESS than	and that death occurred on the date stated above, at	
144 10 76 1 day,hrs.	The CAUSE OF DEATH* was as follows:	
yrs 10 mos 26 ds OR min.?		
BOCCUPATION (a) Trade, profession, or	accidental Drouring	
particular kind of work.  (b) General nature of industry,	1	
business, or establishment in	(Duration) yrs. mos. ds.	
which employed (or employer)	Contributory	
9 BIRTHPLACE (State or country)	Secondary	
10 NAME OF 2	(Duration) yrs gos ds.	
FATHER Solars W. Cleves	(Signed) . Maw . Col	
11 BIRTHPLACE OF FATHER	5/5, 1914 (Address) Cettle / axileus	
11 BIRTHPLACE OF FATHER (State & country)  12 Mail 12 MAINTER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT	
M 12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	
Col Welland	If not at place of death?	
(Informant)	usual residence Men Censtrung Ja	
(Address) Mescapstrug Ja	19 PLACE OF BURIAL OR REMOVAL PLATE OF BURIAL	
16MAY 5 1914 Deby 1 20 UNDERTAKER ADDRESS., 1914		
FIIE Commence and 191 mg for the hope from the horas and the form the forther the house	20 UNDERTAKER ADDRESS	
If more blanks are peopled address State Poster	Thus Allen Cuy	
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[Approved by U. S. Census and American Public Health Association.]

gaiufully employed, as At school or At home. Housewife, Housework, or At Home, and children, not the nature of the business or industry, and therefore an ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. - The additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, it should be used only when needed. As examples: Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease. Bronchopneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucksis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origin; "Cansepsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puenperal septiehae etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) State cause for



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instructions

PLACE OF DEATH STATE OF MARYLAND ERTIFICATE OF DEATH Registration Dist. No .... [If death occurred in a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the (Year) FY. That I attended deceased from 903 that I last saw h ..... (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at ... 1 day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Ouration) yrs mos ds. which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory..... Secondary 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death State \_\_\_\_\_ yrs. \_\_\_\_\_ yrs. .... \_\_\_\_ mos. \_\_\_ \_ ds. Where was disease contracted. If not af place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin, St. Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viochildbirth or miscarriage as "Puerreral septichaectc., when a dcfinite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory (Recommendations on statement of (secondary or intercurrent)



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1 PLACE OF DEATH STATE OF MARYLAND Megany CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in ......Ward) a hospital or institution. give Its NAME Instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. ORDIVORCED (Write the word) (Day I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH . 191..... to . alive on ..... (Day 7 AGE It LESS than and that death occurred on the date stated above, at. 1 day ... hrs. The CAUSE OF DEATH\* was as follows: OR ... min. ? BOCCUPATION ila was still- from (a) Trade, profession, or particular kind of work. befor I reached the (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) ... 9 BIRTHPLACE (State or country) Contributory Secondary (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death ...... yrs. .... mos. ... State \_\_\_\_\_ yrs. \_\_ \_ ds. Where was disease contracted. If not at place of death?. Former or usual residence. LACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 UNDERTAKER

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REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (secondary or intercurrent) "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEVED
JUN 4 1914
BUREAU.V.S.

No.

CIANS should RECORD FNT ERMAN UNFADING Instructi of information of inf WRITE OF CAUSE OF

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Fit death occurred to .....Ward) a hospital or institution. give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, 191.4 WIDOWED ... (Month) (Year) ORDIVORCED
(Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 19/2 (Year) (Month) (Day 7 AGE It LESS than and that death occurred on the date stated above, at 100 t day ..... hrs. The CAUSE OF DEATH\* was as follows: 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE Contributory Secondary (State or country (Duration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-

> 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) At place of death ...... yrs. ..... mos. ..... ds. State ..... yrs.\_\_\_ Where was disease contracted. It not at piace of death?.

TAL, SUICIDAL, OF HOMICIDAL.

19 PLACE	OF E	URIAL	OR	REMO	VAL
-71m	1+		la	+	11

DATE OF BURIAL

ADDRESS

20 UNDERTAKER

Former or

REGISTRAR

usuai residence.

Donas

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

15

12 MAIDEN NAME

13 BIRTHPLACE

OF MOTHER

OF MOTHER (State or country)

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b)first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

ratvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla-"Contributory." schsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichacetc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," ctc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," the head of cause for



RECORD	PHYSICIANS should of OCCUPATION I
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
WRITE PLAINLY, WITH	Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it m important. See instructions on back of certificate.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No..... rland If death occurred in a hospital or institution. give its NAME Instead of street and number. ] FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED, (Months) (Write the word) (Day (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month (Dat (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH\* OR ..... 7 Yrs.... mos.....ds. BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ..... Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE Af place OF MOTHER (State or country) in the ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State ..... yrs, \_\_\_\_ mos. Where was disease contracted. 14 THE ABOVE IS TRU If not at place of death?----Former or usual residence. 19 PLACE OF BURIAL OB REMOVAL DATE OF BURIAL .... 191 20 VADERTAKER ADDRESS Filed REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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#### 202

#### PHYSICIANS RECORD PERMANENT 4 should THIS. AGE supplied, UNFADING carefully WITH be should PLAINLY, Information WRITE Of

1 PLACE OF DEATH state Very 00 PSICIANS Should OCCUPATION IS 90 Exact statement PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF BIRTH classified. (Month) 7 AGE properly 8 OCCUPATION (a) Trade, protession, or particular kind of work... pe (b) General nature of industry. business, or establishment In may which employed (or employer) ...... certificate. 9 BIRTHPLACE (State or country) that it 10 NAME OF FATHER 80 ō See instructions on back terms, 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME plain OF MOTHER = 13 BIRTHPLACE OF MOTHER (State or country) DEATH 14 THE ABOVE IS TRUE TO THE BEST OF MY Item OF Every Item CAUSE OF Important. (Address) 15 . ż

(Year)

If LESS than

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OR ..... ?

KNOWLEDGE

REGISTRAR

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OROIVORCEO (Write the word)

(Day

#### STATE OF MARYLAND CE

RTIFICATE		
Registration	Dist.	No.

St.;Ward)	[It death occurred in a hospital or institution give its NAME instead of street and number.]

16 DATE OF DEATH	may	16	
	(Month)	(Day	
011	914, to Mo	1 - 1/	-
that I last saw h a	live on Ma	4 16	, 191 🖔
and that death occurred	on the date state	d sbove, at	10 P m
The CAUSE OF DEATH	was as follows:	V .	h
•	.0000000	***********	### = # # ############################
	(Duration)	угз	mos 320s
Contributory Secondary	orniatt	ek Jin	enant rec
(	(Dyration)	yrs	mosds
(Signed)	(Address) Cuu		eld, H. D
*State the DISEASE (CAUSES, state (1) MEATAL, SUICIDAL, or HOME	CAUSING DEATH, CANS OF INJURY;	or, in deaths and (2) whe	from VIOLENT
18 LENGTH OF RESIDEN OR RECENT RESIDENTS) At place ot death yrs, mos Where was disease contracted,	In the State		
It not at place of death?  Former or usual residence		**************************************	
19 PLACE OF BURIAL O	RREMOVAL	DATE OF	BURIAL

ADDRESS

MEDICAL CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekcepers mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-As examples: "Foreman,"

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

BINDING

MARGIN RESERVED FOR

	illage or City Fassibury (No. All	Registered No.  St; Ward)  [If death occurred in a hospitat or institution, give its NAME instead
	FULL NAME Margaret 7	Soundon of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Wale while (Write the word)	16 DATE OF DEATH    Month   1914   17   1   17   1   18   18   18   18
6 D/	Month (Day) (Year)	that I last saw has alive on Threat 1 1914
7 AG		and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) par (b) busi whice	Trade, profession, or ticular kind of work.  General nature of industry, ness, or establishment in chemployed (or employer)  RTHPLACE (ate or country)	(Ouration) 5 yrs. 710 mos. 200 ds.  Contributory 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
ARENTS	10 NAME OF FATHER John Crowe  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed) (Si
۵.	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted,
	(Informant)  (Address) John Downtary/W	If not at place of death?  Former or  usual residence  19 place of Burial or Removal  Date of Burial  Chart Show 4., 1914

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

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PLAINLY, WITH UNFADING INK-THIS

RECORD

PERMANENT

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

#### V. S. No. 1.

00 ż

#### 1 PLACE OF DEATH

1200

4424



#### STATE OF MARYLAND

County May	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Some La (No. 202, 7)  2FULL NAME  2FULL NAME	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hale Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  Month (Day (Year)	May 6, 1914 to May 6, 1914, that I last saw h. alive on
7 AGE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory Secondary (Ouraflon) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  13 BIRTHPLACE OF FATHER (State or country)  14 MAIDEN NAME OF MOTHER OF MOTHER  15 BIRTHPLACE OF MOTHER  16 MOTHER  17 MOTHER  18 BIRTHPLACE OF MOTHER  18 BIRTHPLACE OF MOTHER  19 MOTHER  10 MOTHER  11 MOTHER  12 MOTHER  13 BIRTHPLACE  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  18 MOTHER  19 MOTHER  19 MOTHER  10 MOTHER  10 MOTHER  11 MOTHER  12 MOTHER  13 MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  18 MOTHER  18 MOTHER  18 MOTHER  19 MOTHER  19 MOTHER  19 MOTHER  10	(Signed) (Address) (Address) (M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  R Danlaf	ot death yrs mos ds. State yrs mos ds  Where was disease confracted, It not at piace ot death? Former or Usual residence.
(Address) Cannot T Address State Registran  If more blanks are needed, address State Regist	PLACE OF BURIAL OR REMOVAL  Rote Hill Cell May 9, 1914  20 UNDERTAKER  ADDRESS  Tar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—It respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal medingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pueumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, poritonaeum, etc., Carcin-

nant peoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of IENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakuess," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) State cause for



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or institution, give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day (Year) ORDIVORCED 17 I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH Month ) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a f day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 mos.....ds BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of indostry, 2000 business, or establishment in (Buration) which employed (or employer) BIRTHPLACE Contributory (State or country) Secondar 10 NAME OF FATHER S 11 BIRTHPLACE PARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) Where was disease contracted. 14 THE ABOVE IS If not at place of death? usual residence DATE OF BURIAL (Address) 680 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "I'UERPERAL peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerpenal schtichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustiou," thenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis aant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) Never report Ex-



BINDING FOR RESERVED MARGIN

V. S. No. 1.

#### RECORD WITH UNFADING INK-THIS IS A PERMANENT WRITE PLAINLY,

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. N. B.-

PLACE OF DEATH 4426 County Clegary	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 9
Village or City Trostburg (No. Mar	Sorry  Evans  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 GOLOFOR RACE SINGLE, MARRIED, MIDWED, WIDWED, WIDWED, WIDWERCED (Write the word)	16 DATE OF DEATH  (Month)  (Year)  17  I HEREBY CERTIFY, That I steended deceased from
7 AGE (Monty) (Day (Year)  7 AGE If LESS than 1 day, hrs.  yrs mos ds OR min.?	that I last saw h alive on the date stated above, at m.  The CAUSE OF DEATH* was as follows:
(a) Trade, protessian, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER EVAN EVANS  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER ALLEGATION OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 6 Van 6 Vans	At place of death
(Address) Frostburg Mil	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL  CHEGANY EMELEY ADDRESS  20 UNDERTAKER ADDRESS

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Housewife, Housework, or At Home, and children, not it should be used only when needed. As examples: the nature of the business or industry, and therefore an Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Ilyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scptichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ctc. The contributory (secondary or intercurrent) cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Senile," etc.), "Dropsy," (Recommendations on statement of State cause for "Exhaustion,"



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#### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County: Registration Dist. No. It death occurred is Village or City -Ward) a hospital or institution. give its NAME Instead nt street and number.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OF RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED (Month) (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than 1 day,....hrs. OR ..... min. ? becellent SOCCUPATION (a) Trade, protession, or also unjury particular kind of work. wounds (b) General nature at Industry, business, or establishment in (Duration) \_\_ which employed (or employer) State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address, ARENT OF FATHER \*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether accidental, Suicidal, or Homicidal. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTA, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) nf death \_\_\_\_\_ yrs. \_\_\_ mos. \_/\_ ds. State Where was disease contracted 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE It not at place of death?.. nsual residence 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL Cedu 15 20 UNDERTAKER ADDRESS REGISTRA more blanks are needed, address State Registrar, 6 E. Franklin St., Ballo, Bequesting V. S.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canthemia," "Anacmia" (merely symptomatic), "Atrophy," ample: Mcasles (discase causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT NEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (c. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of



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of information should be carefully supplied. AGE should be st DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

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N. B.

1 PLACE OF DEATH

Ward)

STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No.

> [If death occurred in a hospital or Institution, give its NAME Instead of street and number.]

	2FULL NAME
	PERSONAL AND STATISTICAL PARTICULARS
35	4 COLOR OR RACE  4 COLOR OR RACE  5 SINGLE,  MARRIED,  WHOWED,  WHOWED,  Write the word)
3 D	ATE OF BIRTH
	(Month) (Day (Year)
7 A	
(a) pa (b) bus	CCUPATION Trade, profession, or ficular kind of work
	RTHPLACE (State or country) Ind
	10 NAME OF
	FATHER & William Famor
ENTS	11 BIRTHPLACE OF FATHER (State or country)
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME
4 T	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Many E. Carrier  13 BIRTHPLACE
4 1	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Many G. Carrier  13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Dray 1 1915
(Month) (Day (Year)
17   HEREBY CERTIFY, That I attended deceased from
april 23, 1914, to In 1, 1914
that I last saw h allve on after 1 20 , 1914
and that death occurred on the date stated above, at
The CAUSE OF DEATH* was as follows:
I horning and
- Aufrica State Manager State
3 weeks
(Ourafion)yrsmosds
Contributory Brunelita
Secondary
(Signed) Falou & Munay, M. D
May 2, 1914 (Address) und subjete
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
Af place in the
of death yrs mos ds. State yrs mos ds Where was disease confracted.
If not at place of deafb?
Former or
usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
MI I June June 14 - 2 1914
20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory Measles (disease causing (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; State cause for



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State Very

STATE OF MARYLAND Illegan CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in a hospital or institution. give its NAME Instead of street and number. 1 Jasparoh PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE S SINGLE. 16 DATE OF DEATH MARRIEO, Wedow ORDIVORCED (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_\_ \_\_ ds. Where was disease contracted, 14 THE ABOVE IS TRUE MY KNOWLEDGE If not at place of death?.... Former or usual residence. DATE OF BURIAL (Address) --20 UNDERTAKER REGISTRAF If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits ean be known. The question duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Preeise statement of oeeupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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state Very CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No. and st: ( Ward) Ilf death occurred in RECORD a hospital or institution. give its NAME Instead of Street and number. ] PERSONAL AND STATISTICAL PARTICULARS FNT MEDICAL CERTIFICATE OF DEATH EXACTLY. 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Month) (Day (Year) ORDIVORCED I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 1914 to May 22 1883 classified. Month) (Dav (Year) 7 AGE pino If LESS than and that death occurred on the date stated above, at... 1 day,.....hrs. The CAUSE OF DEATH\* was as follows: OR ..... mln. ? properly BOCCUPATION (a) Trade, profession, or particular kind of work. ed. be (b) General nature of industry. suppli business, or establishment in may which employed (or employer) .... 9 BIRTHPLACE (State or country) Contributory \*\* certifical Secondary that 10 NAME OF FATHER 20 0 back terms, 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME plain TAL, SUICIDAL, OF HOMICIDAL. instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) = 13 BIRTHPLACE At place OF MOTHER (State or country) In the EATH of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State \_\_\_\_\_ yrs, \_ Where was disease contracted. If not at piace of death? .-O Former or E'S Every item CAUSE OF Important. usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS REGISTRA If more blanks are needed, address State Resistrar, 6 E. Franklin St., Balto, Reco

STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return "Laborer," "Foreman," As examples:

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#### N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

4431 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH

6	Registration Dist.
Village or City Cumberlaced (No. 816, Layafel	ESTUE Ward)
9 ,07 ,01	
FULL NAME Jawa Juriou	•••••

Village or City Lude Elaced (No. 016, 16)	acyafele St. Eward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, wipoweo, wipoweo, wipoweo, Write the word)	16 DATE OF DEATH  May  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	that I last saw her allve on may 16th, 1914.
7 AGE   It LESS than 1 day,hrs. OR min. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.	Owerfulous of Lengs
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs.// mos. ds.
9 BIRTHPLACE (State or country)	Gontributory Secondary
10 NAME OF Blisha Furlow  11 BIRTHPLACE	(Signed) P. L. (Address) Cumberland and
C OF FATHER (State or country)  12 Main 12 Mai	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place in the ot death yrs mos ds. State yrs mos ds Where was disease contracted.
(Informant) Clistia Furlow	It not at place of death?
(Address) 8 16 Layafette are 16 Filed Man 19, 1914 Gun Bradup MM	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER ADDRESS
	strar, 6 L. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	tated EXACTLY. Exact statement
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WITH UN	erms, so that
E PLAINLY,	information she
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> ED UNDERTAKER ADDRESS

DATE OF BURIAL

19 PLACE OF BURIAL OB REMOVAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. It death occurred la a hospital or Institution, give Its NAME Instead of street and number.] **\*FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIEO WIDOWEO, OOK (Month) (Day ORDIVORCEO (Year) I HEREBY CERTIFY, That I attended decessed from 5 DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that deeth occurred on the date stered above 1 day, .... hrs. The CAUSE OF DEATH\* wes as follows: OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in Duration which employed (or employer) ...... 9 BIRTHPLACE (State or country) Contributory. Secondary (Durafion) 10 NAME OF FATHERS (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death \_\_\_\_\_ yrs. ... State Where was disease contracted. OF MY KNOWLEDGE If not at place of death? Former or usual residence CE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ... 191 4 29 UNDERTAKER ADDRESS REGISTRAR

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OCCUPATION IS PHYSICIANS RECORD 6 statement PERMANENT classified. properly INK pe UNFADING may certifica 5 back 0 ATH in plain instructions DEAT n WRITE See PO Important. ш CAUSI ż

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BINDING FOR RESERVED MARGIN

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No

[If death occurred in a hospital or institution, give Its NAME Instead of street and number.]

	PERS	ONAL AND STAT	TISTICAL PART	TICULARS	MEDICA	AL CERTIFICATE	OF DEATH	
3 SE	ale	4 COLOR OR A	WIDOWE			Hay (Month)	24 (Day	, 191 (Year)
8 7	ATE OF BIRT	гы	4			BY CERTIFY, The	it I attended de	ceased from
		<i></i>	John 8	) 1830 (Year)	that I last saw h			, [9],
TAC	GE.	(M)	outh)()	If LESS than				
		84 m =	3 mos	1 day,hrs.	and that death occurred The CAUSE OF DEATH			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	CCUPATION	2	A . —					
	) Trade, profession rticular kind of v		mf 1	yaker		A. L.	selea	4
(b) busi	General nature iness, or estat ch employed (or	of industry, blishment in		-		(Duration)		mosds.
9 8	BTHPLACE	P		***************************************	Contributory			
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	12 MAIDEN OF MO		R		CAUSES, state (1) M TAL, SUICIDAL, or HO:	MICIDAL.		
0					18 LENGTH OF RESIDE	NCE (FOR HOSPITA	LS, INSTITUTIONS,	TRANSIENTS.
	OF MOT (State	HER or country)	/(	u	At place of death yrs m	os ds. State	yrs,	mos ds
14 T	HE ABOVE	S TRUE TO THE	BEST OF MY	KNOWLEDGE	Where was disease contracted if not at place of death?	d,		
	(Informant) L	The To	Ellerer	-	Former or	****************************	• • • • • • • • • • • • • • • • • • •	***************************************
(	(Informant)		7	******************************	usual residence	**************************************	*** **** ***********************	
	(Address) -	Anne	er)len	26	19 PTACE OF BURIAL	ORREMOVAL	DATE OF B	URIAL
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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursults ean be known. The question Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many For many oeeupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitie," etc. State cause for childbirth or misearriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.

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#### STATE OF MARYLAND

County Callandalan	CERTIFICATE OF DEATH
	Registration Dist, No.
Village or City Cases London (No. 1)	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Amale Mark 5 Single, Married, Widowed, Ordiverced (Write the word)	16 DATE OF DEATH , 191
8 DATE OF BIRTH  (Month) (Day (Year)	May 11, 1914, to May 18 1, 1914, that I last saw him allve on May 1811
TAGE  it LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, at 3 P. m. The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, profession, or particular kind ot work. (b) General nature of indostry, business, or establishment in which employed (or employer)	/ wrok (Duration) yrs mos ds.
9 BIRTHPLACE (State or country)	Secondary 24 fors (Burelles)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Buration) yrs mos ds.  (Signed) (Buration) yrs mos ds.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs mos ds  Where was disease contracted, if not at place of death?
(intermant) Problem of the Control o	Former or USUAI residence
16 JAY 1919147	20 UNDERTAKER ADDRESS

II more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As cxamples: The (0)

Statement of cause of death—Name, first, the disease causance of death—Name, first, the disease causance causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

iujury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canscpsis, totanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viogeuital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably childbirth or "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) miscarriage as "Puerperal septichae-(Recommendations on statement of State cause for "Exhaustlon," Never report



FOR BINDING RESERVED MARGIN

V. S. No. 1.

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms. so that it may be properly classified. Exact statement of couppraction is very important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

4436 STATE OF MARYLAND PLACE OF DEATH

County allegany	CERTIFICATE OF DEATH,
	Registration Dist, No.
VHIERO OF CITY Churcherland (No. 28, C	Ward) [if death occurred is a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Widowed Ordivorced (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
DATE OF BIRTH  Sept 6, 1913  (Month) (Day (Year)	that hast saw have alive on May 3, 191
7 AGE   If LESS than 1 day,hrs. or	and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows:
a) OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry,	Dypendery
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Alle Malle + mulh
10 NAME OF John Gray	(Signed) (Duration) yrs mos d
11 BIRTHPACE OF FATAER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violence Cayses, state (1) Means of Injury; and (2) whether Accidence fall, Suicidal, or Homicidal.
OF MOTHER Setting 3. Sridges  13 BIRTHPLACE OF MOTHER (State or country) (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Intormant)	of deathyrsmosds. Stateyrsmosds Where was disease contracted, If not at place of death? Former or usual residence
(Address) 28 Platon Rd.  SMAY 1619 A 197 ach A 200	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL  20 UNDERTAKOR  ADDRESS
1 91 - fresh to the state of th	· A · · ·

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealcr," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: The (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," mia," "PUERPERAL peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds., "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"



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PLACE OF DEATH STATE OF MARYLAND Very ERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION is Registration Dist. No .... statement PARTICULARS PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) Exact ! HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH Muy ciassified. (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 39. f day hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 properly BOCCUPATION (a) Trade, profession, or particular kind of work pe (b) General nature of industry. business, or establishment in may which employed (or employer) ----certificate. 9 BIRTHPLACE (State or country) Contributory # Secondary that 10 NAME OF FATHER (Signed) 80 ŏ back PARENTS terms. 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-0 12 MAIDEN NAME TAL. SUICIDAL, OF HOMICIDAL. plain instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 2 13 BIRTHPLACE At place OF MOTHER (State or country) In the EATH \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_ Where was disease contracted. 14 THE ABOVE IS TRU OF MY KNOWLEDGE of 1 DE/ If not at place of death? Former or HO. Every Item CAUSE OF Important. usual residence. 19 PLACE OF BURIAL OR REMOVAL (Address' 16

> REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[if death occurred in

(Year)

a hospital or institution. give its NAME instead of street and number.]

(Day

DATE OF BURIAL

ADDRESS

84

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same aecepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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#### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No ... ilf death occurred in Ward) a hospital or Institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, married WIDOWED, (Month) (Year) (Day (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 3 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above. 1 day hrs. OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment la (Buration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF (Signed) 11 BIRTHPLACE Z OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAYSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) AREI 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) of death ...... yrs. ..... mos. State Where was disease contracted. THE ABOVE IS TRUE If nof at place of death? --Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 Max 1 1914 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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PLACE OF DEATH County.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[If death occurred in a hospital or Institution, give Its NAME Instead

St .: ....Ward) of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX DATE OF DEATH MARRIED. WIDOWED, (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) ...... Contributory 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in death's from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_\_ Where was disease contracted, 14 THE ABOVE 19 It not at place of death?... Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS

REGISTRAR

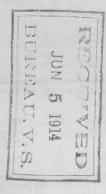
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," ctc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engincer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Daj laborer, Farm laborer, Laborer—Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Forcman,"

Statement of cause of death—Name, first, the distance causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pucumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scatichaeetc., when a definite discuse can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "hamition," "Marus-"Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopueumonia (secondary), 10 ds. Never report affection need not be stated unless important. Exture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., by carbolie acid-probably suicide. The nature of the deut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railray train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as cause. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measics (disease causing death), 29 "Senile," etc.), "Dropsy," (Recommendations on statement of State cause for "Exhaustion,"



PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT EXACTLY. stated ciassified. 4 IS pinous UNFADING INK-THIS properly AGE supplied. pe may certificate. of WITH on back pinous PLAINLY, piain See Instructions Information of Inform DEATH WRITE

3 SEX

7 AGE

6 OCCUPATION (a) Trade, protession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

OF MOTHER

(b) General nature of Industry, business, or establishment in

which employed (or employer) -----

mar

PLACE OF DEATH allegham

PERSONAL AND STATISTICAL

4 COLOR OR RACE

(Month)

4440	79 STATE OF MAI		
	CERTIFICATE O	F DEATH	ĺ.
	Registration Dis	et No	
(No	St.;——Ward	Fit death	ME instead
PARTICULARS	MEDICAL CERTIFICATE O	F DEATH	
NGLE,	16 DATE OF DEATH	- 6	
ARRIED, Tevarreel	(Month)	27	, 191
rite the word)	17 I HEREBY CERTIFY. That	(Day	(Year)
7. 8111	May 3, 1914, to May	27.	191
(Day (Year)	that I last saw h her alive on many	, 3	191 54
' It LESS than			
1 day hrs.	and that desth occurred on the date stated	above, at	am,
3 3 OR min. ?	The CAUSE OF DEATH * was as follows:	0.1	
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7-6			
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	(Duration)	yrsmo	sds.
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lectely	- · // L	1.1	, m. u.
	may 30, 191 × (Maress) Free	uspru	9000
carry_	State the DISEASE CAUSING DEATH, or	, in deaths from	n VIOLENT
9	State the DISEASE CAUSING DEATH, or CAUSES, state (1) MEANS OF INJURY; at TAL, SUICIDAL, or HOMICIDAL.	nd (2) whether	ACCIDEN-
Balerias			
avery or	18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS)	, INSTITUTIONS, T	RANSIENTS,
	At place in the		
carry_	ot death yrs mos ds. State _	yrs, m	)S ds
MY KNOWLEDGE	Where was disease contracted,  If not at place of death?		
tostless	Former or	***************************************	0.000.000.000.000.000
0	usuai residence	******************	***************************************
Mil.	19 PLACE OF BURIAL OR REMOVAL	DATE OF BU	RIAL

Hartley For rard 20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

CAUSE OF Important. S 15 0 ż

PARENT

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of iligainfully employed, as At school or At home. Care Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None, cated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puenpenal septiehaenus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for malig-LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "Ascause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) Never report



WITH

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WRITE

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state Very PHYSICIANS should of OCCUPATION IS RECORD properly classified. Exact statement PERMANENT EXACTLY. stated 4 pe IS pinous -THIS AGE INK supplied. pe UNFADING may carefully sur that it ma f certificate. 0 0 of information should be DEATH in plain terms, See instructions on back CAUSE OF Important. S

3 SEX

7 AGE

PARENTS

15

14 THE ABOVE

(Address)

Mai

6 DATE OF BIRTH

BOCCUPATION

(a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(b) General nature of indostry,

business, or establishment in

which employed (or employer) .....

3

STATE OF MARYLAND

			_
CERTIFICATE	OF	DE	ATH
Registration	Dist	At a	1
REPISTRATION	LIIST	DI O	- 4

.Ward)

[if death occurred in a hospital or institution, give its NAME Instead

of street and nombar.]

(Day

(Year)

if LESS that

1 day hrs OR ..... 7

KNOWLEDGE

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

5 SINGLE, MARRIED,

WIDOWED, (Write the word)

PERSONAL AND STATISTICAL PARTICULARS

Mon

4 COLOR OR RACE

PLACE OF DEATH

MEDICAL	CERTIFICATE	OF DEATH	
16 DATE OF DEATH	may	8	. 191 5
	(Month)	(Day	(Year)
	CERTIFY, I		eceased from
apr. 25	91.4, to	lay 9	, 191.4
that I last saw h Mil	lve on	May 8	1914
			1
nd that death occurred o			2 00 · m
he CAUSE OF DEATH*	was as follows:		
		********************	
Iwypi	na	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***************************************
about 2 wee	ke (Duration)	wre	mae de
	(Duranon)		. IN U &
Secondary			
	(Duration)	yrs	mos ds
(Signed)	1.19	dien	
(Siglico)	n	4-	, M. B.
, 191 (	Address) 120	nion	md.
*State the DISEASE C CAUSES, state (1) MEA TAL, SUICIDAL, OF HOMI	AUSING DEATH, ONS OF INJURY; CIDAL.	or, in deaths fand (2) wheth	róm VIOLENT her Acciden-
18 LENGTH OF RESIDEN	CE (FOR HOSPITAL	s, Institutions	TRANSIENTS
OR RECENT RESIDENTS)	in the		,
of death yrs mos.		yrs,	mos ds
Where was disease contracted,			
If not at place of death?		***************************************	***************************************
usual residence	*************	3	1
19 PLACE OF BURIAL OF	REMOVAL	T DATE OF	BURIAL
Frostly	na	may	10,191 4
20 UNDERTAKER	10	ADDRESS	1
111 1 12	{ / K/	72 -	1

S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers nunc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: But in many The

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

by carbolic acid—probably suicide. mia," "Puerperal peritonitis," etc. State cause for valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of........ (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. aant ncoplasms); Meastes; Whooping cough; Chronic The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

report "Typhade ECENVED

Bronchopneumonia
efinite): Tubercu- JUN 4 1914
eum, etc., CprcinBUREAU, V.S.

RECEIVED SEP 221914 BUREAU, V.S.

d state s very

V. S. No. 1.

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RD	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.	1
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3	Every Item of information should be carefully sur CAUSE OF DEATH in plain terms, so that It ma important. See Instructions on back of certificate.	
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(55)	STATE OF N	//ARY	LAND
	CERTIFICATE	OF	DEATH
And and a second	Registration	Dist,	No

	PLACE OF DEATH	STATE OF MARYLAND
C-	unty allquill	CERTIFICATE OF DEATH
Co	unty	Registration Dist, No
	AU	
Vil	lage or City Wally (No,	St.; Ward) [If death occurred in a hospital or institution,
	1 PT 117. 1	give its NAME instead of street and number.]
	FULL NAME GREEK UNI	ham Inchmal
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	EX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
7	rale white who or word)	(Month) (Day (Year)
8 D	ATE OF BIRTH	17   HEREBY CERTIFY, That I attended deceased from
	6 25 1913-	19 1914, to May 19 - , 1914,
	(Month) (Day (Year)	that I last saw h. Mallve on May 9 , 1914
TA		and that death occurred on the date stated above, at 11 a.m.
	yrs / 0 mos 2 4 ds   0 R min. ?	The CAUSE OF DEATH* was as follows:
80	CCUPATION	Justina Denushagean
	Trade, profession, or ricular kind of work.	
(b)	General nature of Indostry,	
	iness, or establishment in Alexander (or employer)	(Ouration) yrs mos ds.
-	RTHPLACE (State or country)	Secondary Julian any Veden
	(state or country) Blair, Thio	
	10 NAME OF FATHER 70 MAN	La a la
10	Jour of Jordannanc-	(Skened) M. D.
TIS	of Father + A 70	May 19214 (Address) Frallying (m)
ARENT	(State or county) Lagan & Co. // //	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PA	OF MOTHER	
_	13 BIRTHPLACED	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place
	(State or commenced of the	of death yrs mos ds. State yrs mos ds
14 -	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Interment) Iven P Grekrman-	Former or
	frankland Mad	usual residence
4=	(Address) JAWA MAGI ITM -	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	January 12 marcha - Ty Por	20 UNDERTAKER ADDRESS
FI	ed 191 A REGISTRAR	Frostly of The 191 to The though a
		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	The state of the s	, b. Mu. I.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-For many occupations a single word or term on the who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 5 1914
BULEPAU, V.S.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

	PLACE OF DEATH 4443	56 STATE OF MARYLAND CERTIFICATE OF DEATH
Co	untx llegeun	CERTIFICATE OF DEATH
	$\mathcal{O}$	Registration Dist. No.
Vill	2 FULL NAME TO hy	Acution St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	EX 4 COLOR OF RACE 5 SINGLE,	16 DATE OF DEATH MC 264
n	MARRIED KNOWLY	Month) (Day (Year)
111	ale Mule (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
o D/	ATE OF BIRTH	, 191, to, 191,
	(Month) (Day (Year)	that I last saw h alive on any alive on
TAC	(10012)	and that death occurred on the date stated above, at 550 4 m.
	73 1 day,hrs.	The CAUSE OF DEATH* was se follows:
-	ds.   ORmin. ?	aculo al cololina
	CCUPATION Trade, protession, or	July Comments
	ticular kind of work. Relief	
(b)	General nature of Industry,	Unkern
whi	iness, or establishment in delorace	(Duration)
9 B	RTHPLACE (State or country)	Contributory Secondary
	Va	(Duration) ars mas ds.
	10 NAME OF THE ALL	10:00 As & 1 Proving Strath
	Mashingon Hete	(Signes) W. D. W. D. W. D.
13	11 BIRTHPLACE OF FATHER	May 26", 1914 (Address) Countrilers the
ARENTS	(State or country)	*Mate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUICIDENT OF HOMOGRAPH.
AR	12 MAIDEN NAME MARCHET LA	Tall, colorbad, or Hosticibal.
12.	Margares Frances	BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
3 3	13 BIRTHPLACE OF MOTHER (State or country)	At place In the ot death yrs mos ds State yrs mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	Mrs Holf	If not at place of death?
	(Informant)	usual residence
	(Address) Openburgan of Had	19 BLACE OF BURIAL OF REMOVAL DATE OF BURIAL
15	WAYAOIDEA 4 161	Rose Hell Denry May 28, 1914
File	MATE WALKS	20 UNDERTAKER ADDRESS
	REGISTRAR	Tomo Totain Comme of
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is necness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ascer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds.; Never report The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Scnile," etc.), "Dropsy," "Exhaustion," (secondary or intercurrent)



PERMANENT 4 PLAINLY, WITH UNFADING INK-THIS IS WRITE

RECORD

item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state of OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very ant. See instructions on back of certificate.

CAUSE OF Important. S

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V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;Ward)	[if death occurred a hospital or institution
	give its NAME Instea

of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIOWED, WIOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH  (Month)  (Day  (Year)	that I last saw he allye on he 28, 1914.
7 AGE  1 If LESS than 1 day,hrs. 0 ormin.?	and that death occurred on the date stated above, at
6 OCCUPATION (a) Trade, profession, or particular kind of work	Chrone Browlets
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Buration) 2 yrs. mos. ds.
10 NAME OF FATHER Rugery Mic Kennes	Secondary  (Doration) yrs mos / O. ds.  (Signed) F. Class T. Murray, M. D.  May 29, 1914 (Address) No Sarray Lo
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents)  At place In the of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Hull	Where was disease contracted, if not at place of death?  Former or usual residence.
(Address) 25 Filed My 29,1914 F. A. S. Municipal S. BEGGETTAR	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, ctc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. been changed or given up on account of the nisease (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report by carbolic acid—probably suicide. The nature of the The contributory Always qualify all diseases resulting from (secondary or intercurrent) death), 29 ds.;



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Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

RECORD

PERMANENT

4

PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH 4445



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[If death occurred in hospital or institution. give its NAME instead of street and number.]

Shut Colma Humbert

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mule Shire to seed of the	16 DATE OF DEATH  5 - /3 (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	5-11, 1914, to 5-13, 1914, that I last saw h is allyeon 5-13, 1914
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry,	Birming Mis
business, or establishment in which employed (or employer)	Contributory Secondary
(State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF OF MOTHER  OF MOTHER	(Signed) (Buration) yrs mos ds.  (Signed) Structure M. D.  5/3 ,1914 (Address) Countril and Med.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? former or usual residence.
MANY 141914 191 Jacon J. Say	19 PLACE OF BURIAL OR REMOVAL  ATTE WILL CEMENTS / 4/, 1914  20 UNDERTAKER  ADDRESS  LINIS Stein Cambif Ind.
II more planks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal scotichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Collapse," "Coma," "Couvulsions," "Deblity" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for



certificat 0 back Instructions See

FATHER

11 BIRTHPLACE

OFFATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE

(Address)

14 THE ABOVE IS

OF MOTHER

OF MOTHER (State or country)

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classifled.

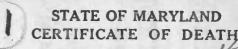
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1 PLACE OF DEATH



Registration Dist. No. fit death occurred in a hospital or institution. give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 5 SINGLE. MARRIED. WIDDWED, ORDIVERCED (Write the word) (Month) Dav (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE if LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or amployer) and I which employed (or amployer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF

(Signed)

, 191 4. (Address \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) At place State .

Where was disease contracted if not at place of death? usual residenca

UNDERTAKER

DATE OF BURIAL ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

MY KNOWLEDGE

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care dutles of the household only (not paid Housekeepers statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal menlngitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

'mus," "Old Age," "Shock," "Uraemla," "Weakness," which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomencla-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of For vio-



PLAINLY, WITH UNFADING INK-THIS IS

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state 'DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD

A PERMANENT

V. S. No. 1.

WRITE

CAUSE OF I

N.B.

PLACE OF DEATH	STATE OF MARYLAND
a College	CERTIFICATE OF DEATH
County William	Registration Dist. No.
0 10 1 1120 6	
Village or City Cumbuland (No. 431, D	St.; Ward) a hospital or institution,
	give its NAME Instead  of street and number.]
FULL NAME Suby	forden fall wan fordon
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINCLE.	16 DATE OF DEATH " 2 10111
Timele rolute ( Write the word	(Month) (Day (Year)
'S DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
man 2 . Can	, 191, to, 191,
(Month) (Day (Year)	that I last saw halive on, 191
7 AGE If LESS than	and that death occurred on the date stated above, at
Aul Am 1 day, hrs.	The CAUSE OF DEATH* was as follows:
BOCCUPATION STEEL	
(a) Trade, profession, or	A A A
particular kind of work	July vom flulg
business, or establishment in	(Duration) yrs mos ds.
which employed (or employer)	Contributory Tana Palma Terrety
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF	(Duration) yrs mos ds.
FATHER Restert Fondam	(Signed)
	may & T91 4 (Address) Cumbuland lug
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
a margaret Theland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place in the
	of deathyrsmosds. Stateyrsmosds Where was disease contracted,
14 THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(informant) Partur pradum	Former or usoal residence
(Address) 47 Rue sh	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Rose Hill 5/2 1914
FIMAY 2 191491 Jacob A Spins	20 UN DERTAKER ADDRESS
REGISTRAR	Jonis Stem aughold
If more blanks are needed address State Regist	The state of the s

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Nervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, It is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursults can be known. The question material worked on may form part of the second For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



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PHYSICIANS should a of OCCUPATION is	Gounty Village of
Me stated EXACTLY.	3 SEX Mal
AGE should properly classi	OCCUPA (a) Trade, particular
ully supplied.  if may be plicate.	(b) Genera business, o which emplo 9 B!RTHP (State
Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.	0 11 Bi C ( 12 M C C 13 Bi C C C C C C C C C C C C C C C C C C
item of infor E OF DEATH tant. See inst	(Informa
CAUS	.16 - MAV

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. a hospital or Institution, give Its NAME Instead of street and number.]

[It death occurred in

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	4 COLOR OR RACE  Single, MARRIED, WIDOWED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH 5 /5 , 1914 (Month) (Day (Year)
	Sort Know, 1852.  (Month) (Day (Year)	that I last saw h was alive on Jan 14 1914.
	bout 62 yrs mos ds OR min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH* was as follows:
(a) pai	OCCUPATION ) Trade, profession, or ritcular kind of work  General nature of Industry.	Interstitud hephritis
bus Whi	iness, or establishment in ich employed (or employer)	Contributory Secondary
ARENTS	10 NAME OF FATHER Samual Jurebol  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER & S	(Signed)
Б	13 BIRTHPLACE OF MOTHER (State or country)  Ta	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.  At place  of death yrs mos, ds.  State yrs mos ds
	(Informant) 2 Prototo My KNOWLEDGE	Where was disease contracted, 10 Suche fundant S  Former or Usual residence. Abilastufficie be
16 File	MAY 161914 agest A REGISTRAR	Port Hole Date of Burial  Rote Hole  20 UNGERTAKER  ADDRESS  REMOVAL  DATE OF BURIAL  MG./L., 1814  ADDRESS
	If more blanks are needed, address State Regist:	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE material worked on may form part of the second it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healtbful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal scptichaeetc., when a definite discase can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Seniie," cte.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," merc symptoms or terminal conditions, such as "Asample: Mcasics (disease causing death), 29 ds.; oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vio-Bronchopncumonia (seeondary), 10 ds. Never report affection need not be stated unless important. The contributory (Recommendations on statement of (seeondary or intercurrent) State cause for



-Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PLACE OF DEATH 444	STATE OF MARYLAND
County Belley any	CERTIFICATE OF DEATH,
County Men and	Registration Dist, No.
Village or City Cumbed (No. alle	[If death occurred in a hospital or institution, give its NAME Instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH MAN 4 M 74
Jemale Hale Sindle, Market ORDIVORCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Clug 20 ,8711	1914, to 1917.
(Month) (Day (Year)	that I last saw h Valive on May 26, 1914
7 AGE If LESS than	and that death occurred on the date stated above, at 50 m.
29 8 AA 1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrs O mos ds OR min.?	2
a) Trade, protession, or	Cartinona Win-
particular kind of work	f ( )
(b) General nature of Industry, business, or establishment in	4
which employed (or employer)	(Duration) yrs mos ds.
BIRTHPLACE	Contributory Share
(State or country)	Secondary
10 NAME OF 2	(Ouration) yrs mos ds.
FATHER Demon Comme	(Signed) (Signed) M. D.
O 11 BIRTHPLACE	May 2/1914 (Address) Limber Standill
Z OF FATHER (State or country)	
OF FATHER (State or country) Island  Mandal Mandal Manager of Mother Service Action Country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Hand.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS/
OF MOTHER (State or country) Trelow	At place In the ot death yrs. mos. ds. State yrs, mos.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
galinia. Karelon	If not at place of death?
(Informant)	usuai residence
(Address) May rolia Ita	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15: 1/ 20 1016	Magnulia W. Va - May 22/914
MAY 22 1914 IN Sache Of Karel	20 UNDERTAKER ADDRESS
Filed 191 Registrar	2.
If more blanks are needed, address State Regist	trans O Perantin St Dalta Parting Day
de acoucu, aduscos biate negis	tant, o Es Etanam St., Bano, Requesting V 29 20.
	// //20

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meminges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

Co	PLACE OF DEATH 4450	STATE OF MARYLAND CERTIFICATE OF DEATH
	all ty	Registration Dist. No. 13
٧	illage or City Deene (No	St.; Ward)  [It death occurred in a hospital or institution give its NAME instead of street and number.]
	* FULL NAME Suggette	Juger
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	make whowed,	16 DATE OF DEATH  May (Month) (Day) (Year)
6 p	(Month) - (Day) (Year)	17 I HEREBY GERTIFY, That I attended deceased from May 14, 1914, to May 16, 1914, that I last saw here alive on May 16, 1914
(a)		and that death occurred on the date stated above, at 1447 Pm. The CAUSE OF PEATH*, was as follows:
(b) busi Whice	General nature of Industry, ness, or establishment in the employed (or employer)  RTHPLACE acte or country)	(Duration) yrs. mos. 3 ds.  Contributory Ottils Thedia (Secondary)  (Duration) yrs. mos. 10 ds.
RENTS	10 NAME OF FATHER Ben famin Hiefer  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed) , M. O.  ACCY 7, 1914 (Address) MALLELLA PARTY OF ACCIDENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT TAL, SUICIDAL, OF HOMICIDAL.
PAR	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs mos ds. State yrs mos ds.
	Informant) Mariserell Mid.	Where was disease contracted, It not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	od May 17, 1914. The Cales REGISTRAR	May 18 , 1941.  20 UNDERPAKER  ADDRESS  Transpura.
-	II more blanks are needed, address State Registra	r, & E. Branklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, If the occupation has For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carein-

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," gcnital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras. mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neopiasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... "Contributory." Bronchopneumonia (secondary), 10 ds. Never repor-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin: "Can State cause for Examples: For VIO



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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS See instructions on back of certificate. item of information should be CAUSE OF Important. S

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

takegistration Dist. No

[if death occurred in

FULL NAME Sellie Klein	give its NAME Instead ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write to Morried)	16 DATE OF DEATH  May  (Month)  (Day  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	may 1, 1914, to may 5, 1914, that I last saw hard alive on may 4, 1914
TAGE  If LESS than 1 day,hrs.  OR min.?  OR occupation (a) Trade, protession, or particular kind of work	and that death occurred on the date stated above, at 3 d. m.  The CAUSE OF DEATH* was as follows:  Sept we desperate per face light
(b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  OF FATHER	(Signed) (Address) Deurs Low Fuel M. D.
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER BOSILA TOMANA  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents)  At place of deathyrs
(Interment) A Abason  (Address Andrew Abason  16  16  1914  1911  1912  1914  1914  1915  1914  1915  1914  1915  1916	19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  10 PLACE OF BURIAL OR REMOVAL  10 PLACE OF BURIAL OR REMOVAL  10 PLACE OF BURIAL  11 PLACE OF BURIAL  12 PLACE OF BURIAL  13 PLACE OF BURIAL  14 PLACE OF BURIAL  15 PLACE OF BURIAL  16 PLACE OF BURIAL  17 PLACE OF BURIAL  18 PLACE OF BURIAL  18 PLACE OF BURIAL  19 PLACE OF BURIAL  10

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Preeise statement of occupa-If retired from business, that faet may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Can such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), mere symptoms or terminal conditions, such as "As affection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," Never report



BINDING FOR ESERVED r MARGIN

PLACE OF DEATH 4452 state Very PHYSICIANS should of OCCUPATION IS RECORD 2FULL NAME Exact statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY. 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDDWED, ORDIVERCED (Write the word) stated classified. pe 7 AGE pinous INK-THIS properly mos .... BOCCUPATION (a) Trade, profession, or particular kind of work. supplied. may be (b) General nature of Industry. UNFADING business, or establishment in which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) carefully that it 10 NAME OF FATHER 20 0 WITH be back ARENTS DEATH in plain terms. 11 BIRTHPLACE should OF FATHER (State or country) See Instructions on PLAINLY, 12 MAIDEN NAME OF MOTHER Information 13 BIRTHPLACE OF MOTHER (State or country) WRITE 14 THE ABOVE IS THUE CAUSE OF (intermant) Important. (Address) ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

(Day

If LESS than

1 day hrs.

OR ..... min. ?

REGISTRAR

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-	7400	N. State of the last of the la	CE	RTI
-	-			

#### TE OF MARYLAND FICATE OF DEATH

Registration Dist. No.

St.;Ward)	[If death occurred in a hospital or institution, give its NAME instead

of street and nomber.]

16 DATE	OF DEATH	Tar Month	<u></u>	Day	, 191 (Year)
17	I HERE	BY CERTIFY,	That I at	tended dec	eased fro
*******************		191 to	7.6.1		. 191
that I last	saw h	alive on		•••••••	, 191
and that d	death occurred	on the date	stated ab	ove, at	
The CAUS	E OF DEATH	* was as foll	ows:		,
0	ruma	to	Par	1/1	1
	0.			9	A COLUMNIA
****************	ext.	,00 -	73	11/	,
*************			······································		ą
		(Duratio	n)	.yrs	os
	butory				
Secon	dary		*********		
Secon	dary	ADurati			102
(00=00000000000000000000000000000000000	· · · · · · · · · · · · · · · · · · ·	(Ourati	on)	.yrsn	
(Signed)	Stal	1/De	on)	.yrsn	, м.
(Signed)	Stal	1/De	on)	.yrsn	, м.
(Signed)	125,191 4.	(Address)	on)	JVC2	nter
(Signed)	125,191 4.	(Address)	on)	JVC2	nter
(Signed)  *State CALLES, TAL, SU	7.25,1914 e the DISEASE state (1) Mi	(Address) CAUSING DEARS OF INJUMICIDAL.	on)	deaths fro	om Violen
(Signed)  *State CALLES, TAL, SU  18 LENGT OR REC	125,191 4.	(Address)  CAUSING DEAR EANS OF INJU- MICIDAL.  NCE (FOR HOS	on)	deaths fro	om Violen
(Signed)  *State CAULES, TAL, SU  18 LENGT  OR REC At place	1.25,191.4 e the DISEASE state (1) MICIDAL, or HONTH OF RESIDE SENT RESIDENTS	CAUSING DEA EANS OF INJU	TH, or, in RRY; and	deaths from the deaths from th	, M.
(Signed)  *State CAUSES, TAL, SU  18 LENGT OR RECO At place of death Where was	4.25,1914  e the DISEASE state (1) MI ICIDAL, OF HORESIDE SENT RESIDENTS  WIS	CAUSING DEA EANS OF INJU MICIDAL. NCE (FOR HOS)	on)	deaths from the deaths from th	m VIOLE:
(Signed)  *State CAUSES, TAL, SU  18 LENGT  OR REC At place of death  Where was If not at pla	1.25,1914 e the DISEASE state (1) MI ICIDAL, OF HON THE SIDE SEENT RESIDENTS	CAUSING DEA EANS OF INJU MICIDAL. NCE (FOR HOS)	on)	deaths from the deaths from th	, M.
(Signed)  *State CAUSE TAL, SU  18 LENGT OR REC At place of death Where was If not at place Former or	e the DISEASE state (1) MITCIDAL, OF HESIDE ENT RESIDENTS  WYES	CAUSING DEA EANS OF INJU MICIDAL. NCE (FOR HOS)	on)	deaths from the deaths from th	, M.
(Signed)  *State CAUSES, TAL, SU  18 LENGT OR REC At place of death Where was If not at pla Former or Usual reside	e the DISEASE state (1) Mitological property of the property o	CAUSING DEA EANS OF INJU MICIDAL. NCE (FOR HOS)	on)	deaths from the deaths from th	m VIOLENT ACCIDENT TRANSIENT
(Signed)  *Style CAUSES, TAL, SU  18 LENGT OR REC At place of death Where was If not at place Former or Usuai reside	e the DISEASE state (1) MITCIDAL, OF HESIDE ENT RESIDENTS  WYES	CAUSING DEA EANS OF INJU MICIDAL. NCE (FOR HOS)	on)	deaths from the deaths from th	m VIOLENT ACCIDENT TRANSIENT
(Signed)  *Style CAUSES, TAL, SU  18 LENGT OR REC At place of death Where was If not at place Former or Usuai reside	e the DISEASE state (1) Mitological property of the property o	CAUSING DEA EANS OF INJU MICIDAL. NCE (FOR HOS)	on)	deaths from the deaths from th	m VIOLENT ACCIDENT TRANSIENT

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, pertonaeum, ctc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, cte., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (seeondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from (Recommendations on statement of (seeondary or intercurrent)



N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT FOR BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN V. S. No. 1.

1 PLACE OF DEATH

County allegans 4453	CERTIFICATE OF DEATH
	Registration Dist, No. 3
Village or City Benefit (No nexto)	give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Write to Married	16 DATE OF DEATH (Month) (Day (Year)  17 A I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day (Year)	that I last saw h Amalive on May 26 1914
<sup>7</sup> AGE It LESS than	and that death occurred on the date stated above, at 3 do 1 m,
3 9 yrs 7 mos 23 ds. OR mln.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or Harris Blasses	from Middle East
(b) General nature of industry, business, or establishment in which employed (or employer)	(Buration) yrs 2 mos. ds.
9 BIRTHPLACE (State or country)	Contributory Calos Peffice Concilis
10 NAME OF Berno Knoll	(Signed) (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Mass Mills	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TOURISME
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds
(Informant) Achar & Knowledge	Where was disease contracted, if not at place of death?
(Address) Burnhaland Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed May 29", 194 luguela M. Tel	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regis	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. who receive material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indidefinite salary), may be entered as The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Bpidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Ascer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal scptichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of Ex-



WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every Item of Information should be carefully sur CAUSE OF DEATH In plain terms, so that It main terms, so that It main properties on back of certificate.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUBATION is very

RECORD

PERMANENT

4454

1 PLACE OF DEATH

County

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Cusald (No. 4, 0) 2FULL NAME august	[If death occurred in a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married White the word)	16 DATE OF DEATH  (Month)  (Month)  (Day  (Year)  17  I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH  Dec 5, 1844.  (Month) (Day (Year)	that I last saw h 121, 191.9, to 5/1, 191.4
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in	Chronic Sudo cardition  (Ouration) / yrs - mos de
which employed (or employer)  **BIRTHPLACE* (State or country)  **Jermany	Gontributory
10 NAME OF FATHER JUNGUOUS 11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) SHAVINTS , M. D  5/2 ,1914 (Address) Cumbral and Mad  *State the DISEASE CAUSING DEATH, OF, in deaths from Violence
12 MAIDEN NAME OF MOTHER CLUCKLOUN  13 BIRTHPLACE OF MOTHER (State or country)	CAUSES, STATE (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS)  At place In the of death yrs mos ds.
(Informant) Alaus Annua &	Where was disease contracted, If not at place of death?  Former or osual residence.
(Address) + Juden St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

AY 5

REGISTRAR

20 UNDERTAKER

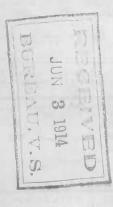
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never retnrn "Laborer," (b) Cotton mill; (a) Salesman, (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid puenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuless of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State canse for childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." . (Recommendations on statement of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhanstion," Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

N. B.-

Village or City Cumberland (No. 2)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale Mute (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h 2 allye on may 5", 191 4
TAGE  #5 yrs #mos, 3 ds OR mln.?	and that death occurred on the date stated above, at 10309m.  The CAUSE OF DEATH* was as follows: Typhoid flaver
(b) General nature of Industry, business, or establishment in which employed (or employer)	Oursman yes mos ds.
9 BIRTHPLACE (State or country) W 29.  10 NAME OF FATHER John H Heury  11 BIRTHPLACE  OF FATHER	Contributory Canada Secondary Secondary Secondary (Buration) (Signed) (Signed) (Signed) (Signed)
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether Application of Homicidal.
of Mother Class T Marken  13 BIRTHPLACE OF MOTHER (State or country)  14	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos. 3 ds. State yrs, mos. 3 ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Interment) adam orgalist	Where was disease contracted, Rosemont y Ca  Former or  usual residence.
(Address) 2 pacy of Waland Filed MAY 5 1914) Jacob San Registrar	20 UNDERTAKER  ADDRESS  ADDRESS
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Regulating V. S. No. 17

[Approved by U. S. Consus and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is neeapplies to each and every person, irrespective of age. gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, ete. fication as Day Inthus: Farm laborer Laborer Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, Physician, Compositor, Architect, Locomotive engineer, Statement of occupation -- Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, As examples: (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

.etc., when a definite disease can be ascertained as the nant neoplasms); Measles; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles scpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accicause of death approved by Committee on Nomencla. "Contributory." injury, as fracture of skull, and consequences (e. g., compensate stricted or howicidal, or as probably ture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (disease causing death), 29 ds.; (seeondary or intercurrent)



#### PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

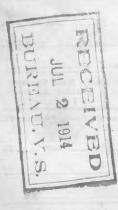
PLACE OF DEATH 4456	STATE OF MARYLAND	
311/2 2	CERTIFICATE OF DEATH	
County Willy any	2 CERTIFICATE OF BEATING	
	Registration Dist. No.	
Village or City Comportant R78 (No.	[If death occurred in	
Village or City ( Village of 1770 (No.	St.; Ward) a hospital or Institution, give its NAME lostead	
Refie	ef street and number.]	
FULL NAME Tary Dans	a and a sure	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4 COLOR OR RACE 5 SINGLE,	18 DATE OF DEATH May	
marketo, midoweo, might	(Month) (Day) (Year)	
(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from	
S DATE OF BIRTH	, 191, to, 191,	
(Month) (Day) (Year)	that I last aaw h alive on	
AGE If LESS than	and that death occurred on the date stated above, at 9/31 Pm.	
1 day,hrs.	The CAUSE OF DEATH* was as follows:	
yrsds. OR. mio. ?		
BOCCUPATION	O Will B Krisk	
(a) Trade, profession, or particular kind of work	7 Mos	
(b) General nature of industry,		
business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.	
BIRTHPLACE (State or country)	Contributory / remalure	
(State or country) (surfer land mis	(Secondary)	
10 NAME OF	(Duration) yrs mos ds	
FATHER Sand It Leasure	(Signed) alpha	
11 BIRTHPLACE	Jany 8, 191 H (Address) Cearled. Mil	
(State or country) Hazen mes	*State the DISEASE CAUSING DEATH, or, in deaths from Violent	
12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.	
OF MOTHER ) Kardenger	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
13 BIRTHPLACE	OR RECENT RESIDENTS) At place in the	
(State or country) (Cumperland Tale - Pa	of death yrs mos ds. State yrs, mos ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was diseasa contracted, If not at place of death?	
(Informant) Seasurs	Former or	
3 0 7 1 #	usual residence	
(Address) ( busterland his fit of 3	19 BITCE OF BURIAL OR REMOVED DE OF BURIAL	
5 HOUNE D.	Centerary Dent Keel 8, 181 4	
Flick UN 5 1914 Joeph A Dans	20 UMBERTAKER ADDRESS A	
REGISTRAR	Towerkield Teasure 17.7. 1 3	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indicausing death, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not mine, etc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

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ture of the American Medical Association. "Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasvalvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of .... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senlle," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-"Exhaustion," Examples: For VIO-



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PHYSICIANS should of CCCUPATION is

Exact statement

properly classified.

should

AGE

carefully supplied. may be

certificate.

See instructions on back

DEATH in plain terms,

CAUSE OF Important. S

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(Address)

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RECORD

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#### 1 PLACE OF DEATH PERSONAL AND 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDDWED. ORDIVORCED (Write the work DATE OF BIRTH (Day 7 AGE mos. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAM OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Desinfunktion Diet M

	Registration Dist, No.
Embelant (No. 19,	give its NAME instead
NAME JOHN Joseph	Jose All Vert
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RAGE  Single, MARRIED, WIDDWED, ORDIVORCED (Write the works)	16 DATE OF DEATH May 31, 1914 (Modth) (Day (Year)
May 31, 1919 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from May 31, 191 4, to may 31, 191 4 that I last saw him allye on Stellbirth 191
If LESS than	and that death occurred on the date stated above, at
1 dayhrs.	The CAUSE OF DEATH * was as follows:
Nove	Stillbritt
istry, nt in yer)	
2,	Gontributory
Ma	(Duration) yrs mos ds.
John & Lorbel	(Signed) , le el revaspes, M. D.
	may 3 1, 191 4 (Addross) 27 Green St.
intry) Md	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Michiga Cutter	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
1	OR RECENT RESIDENTS) At place in the
INTERNATION OF THE PEST OF MY KNOWIEDOS	of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted,
Se Jacket	If not at place of death?
interestend and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
191 Jack Begstaar	20 UNDERTAKER ADDRESS
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	,

[Approved by U. S. Consus and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question been changed or given up on account of the DISEASE material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of mia," "Puerperal poritonitis," etc. State cause for childbirth or miscarriage as "Puerperal soptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) eause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viovalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent)



PHYSICIANS should of OCCUPATION IS RECORD PERMANENT classified. pe g properly be UNFADING Suppli may that 20 terms. should plain 5 EATH 50 A Item OF Every Item CAUSE OF Important,

#### 1 PLACE OF DEATH STATE OF MARYLAND state CERTIFICATE OF DEATH County alls Forest Registration Dist, No ..... (No. W M Hosk PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIEO. WIDOWED, 200000 (Month OROIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from OF BIRTH that I last saw her (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1,30 1 day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment im (Duration) which employed (or employer) -----Contributory 9 BIRTHPLACE (State or country) certifica Secondary 10 NAME OF FATHER of o back 13, 191 ... (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 00 12 MAIDEN NAME instructions OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) ot death \_\_\_\_ yrs. .... Where was disease contracted. 14 THE ABOVE IS TRUE TO MY KNOWLEDGE If not at place of death?-Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL (Address) .---

REGISTRAR M more blanks are needed, address State Registrar, 6 b. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

Ilf death occurred lo a hospital or institution.

(Year)

give its NAME Instead of street and number. 1

(Day

DATE OF BURIAL

ADDRESS

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Filed

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation hus should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, cte. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen ehanged or given up on account of the disease of persons engaged in domestie service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State eause for mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal eonditions, such as "As ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all discases resulting from (Recommendations on statement of Never report



	F.H.P	
1-	PLACE OF DEATH 4459	STATE OF MARYLAND
-	- allegany	CERTIFICATE OF DEATH
Ge	ounty	Registration Dist. No.
V	Illage or City Weslesufor (No	St; Ward)  [it death occurred in a hospital or institution give its NAME Instead of street and number.]
	FULL NAME Mury Cachera	as many page
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SE	Ex 4 COLOR OR RACE 5 SINGLE, MARRIED, Scriff WIOWED, ORDIVORCED (Write the word)	Month) (Day) (Year)  17 / I HEREBY GERTIFY, That I attended deceased from
6 D	ATE OF BIRTH  (Month) (Day) (Year)	that I last saw her allve on many 5 1914
TAC		and that death occurred on the date stated above, at
(a) pai	OCCUPATION ) Trade, profession, or ricular kind of work  General nature of industry,	1 American de la companya della companya della companya de la companya della comp
bus	iness, or establishment in ich employed (or employer)	(Duration) yrs. Z. Lamos ds
	RTHPLACE tate or country) Manyland.	(Secondary)  (Ouration)  yrs. mos. ds
	10 NAME OF Earl Hayes McKen	(Signed) 5/3/Jenson D
PARENTS	of FATHER (State or country)  Marylenno	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PAF	of MOTHER Lane Marking	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSFERIE
	13 BIRTHPLACE OF MOTHER (State or country) - Maryland	At place In the ot death yrs mos ds. State yrs mos ds Where was disaase contracted.
147	(Informant) Earl W. M. Kengy	it not at place of death?  Former or  usual residence
16	(Address) Muslemer and	PREACE OF BURIAL OR REMOVAL DATE OF BURIAL May 1914
· Fil	REGISTRAR	20 UNDERTAKER APORESS WITH Indlech Puelingul
	//If more blanks are needed, address State Regis trar, 6	E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—('oa) "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of agc. tion is very important, so that the relative healthful-(a) Spinner, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenclamia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purpperar septichae cause. Always qualify all diseases resulting from mus," "Old Age," "Shock." ture of the American Medical Association.) "Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritix nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mails The contributory (secondary or Intercurrent) "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Can Examples



V. S. No. 1,

			1110
PLACE	OF	DEATH	446

STATE OF MARYLAND
CERTIFICATE OF DEATH

County Allegany	CERTIFICATE OF DEATH
	Registration Dist, No.
Village or City <u>Midland</u> (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5 single, Married widowed, Married (Write the word)	May IIth., 1914  (Month) (Day (Year)
Exact date unknown., 785  (Month) (Day (Year	
7 AGE If LESS to 1 day,	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. Retired Coal Miner (b) General nature of industry, business, or establishment in which employed (or employer)	left arm.  (Ouration) — yrs. — mos. ? ds.
Scotland	Secondary (Duration)
Telix memahen  Felix memahen  11 BIRTHPLACE OF FATHER (State or country)  Treland	(Signed) (Duration) yrs mos ds. (Signed) (Address) (Address)
12 MAIDEN NAME OF MOTHER MARY MacSorley	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Ireland	At place in the of death yrs. mos. ds. State yrs. mos de
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (intermant) Elizabeth Menahen	Where was disease contracted, if not at place of death?  Former or usual residence.
(Address) Midlaud Md	Frostburg Md May 1K 191
Filed May 12, 1914 J. H. Charles	20 UNDERTAKER ADDRESS

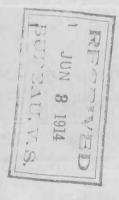
If more blanks are needed, address State Registrar, VE. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," As examples: (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cereprospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. cause. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Contributory." by carbolic acid-probably suicide. The nature of the ture of the American Medical Association.) tetanus) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of Never report



V. S. No. 1.

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-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

Village of Corrugasille (No. C, 8	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [if death occurred la a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Whete (Write the word)	16 DATE OF DEATH Way 8, 1914 South) (Day (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 8 P.04m, The GAUSE OF DEATH * was as follows:
**Soccupation (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	off a. B. P. P. Propriet.  (Duration) yrs mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Jun Mathews  11 BIRTHPLACE	(Signed Am. A. Shaw Caroul, M. D.  Wall 2 1914 (Address) Cumbuland and
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUNY; and (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds  Where was disease contracted,
(Informant) Jun Mathews	If not at place of death?
(Address) le contragantemente	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed MAY 20 18 4 Jacob Barran	DUNDERTAKER SUNDERTAKER
	rar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is neeapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Civil engineer, Stationary Arcman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scptichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic eer" is less dcfinite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Mcasics (disease causing death), 29 ds., (Recommendations on statement of (secondary or intercurrent) State eause for



Very

PHYSICIANS should state

PERMANENT RECORD

4

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is

See instructions on back of certificate.

UNFADING INK-THIS

PLAINLY, WITH

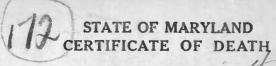
WRITE

V. S. No. 1.

CAUSE OF Important.

N.B.

1 PLACE OF BEATH



Registration Dist, No.

[It death occurred in a hospital or institution, of street and nomber.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVDRED (Write the word)	16 DATE OF DEATH 74 73 , 1914 (Month) (Day (Year)
6 DA	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
		may 11, 1914, to May 13, 1914.
	(Month) (Day (Year)	that I last saw here alive on May 13 ,1919
7 AG	E If LESS than	and that death occurred on the date stated above, at 100 m.
	3 2 1 day,hrs.	The CAUSE OF DEATH* was as follows:
-	yrs mos or min.?	Fraction of Afuel dere 4
	CUPATION  [rado, protession, or	& all.
parti	icular kind of work	
(b) t	General nature of Industry, ess, or establishment in	G <sub>m</sub>
which	h employed (or employer)	(Duration) yrs. mos. ds.
9818	RTHPLACE State or country)	Contributory Clearboles
	mad Ind	
10 NAME OF Poles & 1880		(Signed) (Buration) yrs mos ds.
NTS	11 BIRTHPLACE OF FATHER	may 1, 191 & (Address) Sunt to fued my
12 MAIDEN NAME		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
0	OF MOTHER flary J. Reichert	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
	13 BIRTHPLACE OF MOTHER (State or country)	on RECENT RESIDENTS)  At place of deathyrs,mosds.  Stateyrs,mosds
14 TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	£ 4 8 11 '00 3	If not at place of death?
(lt	nformant) Jan 1. 16 cler	usual residence Columbia One Cely
	(Address) Hazelware Pa	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	( name of the state of the stat	De Peter Paule may 16, 1914
W11 - 1	MAY 15 1622 9-68 07 8 1	20 UNDERTAKER ADDRESS
FREG	REGISTRAR	The state of the

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: The (6)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereutesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for



BINDING FOR ESERVED ARGIN

PHYSICIANS should of OCCUPATION is RECORD statement ENT Exact classifled. pe pino properly pe Supplic may certificate. that 20 0 back terms. pinous E O plain instructions 5 ATH التال 14 P 10 Item Every Item CAUSE OF Important.

State Very

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or Institution. give Its NAME Instead of street and number. ] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGIE DATE OF DEATH MARRIED. may 191. WIDOWED. (Month) (Dav (Year) ORDIVERCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw here allycon (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at t day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) mos. which employed (or employer) 9 BIRTHPLACE Contributory. (State or country) Secondary (Duration) 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE (Address) couch ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUNY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER At place (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. celfds. State \_\_\_\_\_ yrs. \_\_\_\_ mos. Where was disease contracted. . 14 THE ABOVE IS TRUE TO KN6WLEDGE If not at place of dealh? .... (Informant). usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) OUNDERTAKER ADDRESS Filed REGISTRAR alle If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not gainfully employed, as At sonot or At home. Care dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line wili be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ctc, when a definite disease can be ascertained as the nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichac-"Ileart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse, thenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Aiways qualify all diseases resulting from " "Coma," "Convulsions," "Debility" ("Con-(Recommendations on statement of Ex-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



4 Ehilde

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING V. S. No. 1.

PLACE OF DEATH 4464	STATE OF MARYLAND
County allegany	CERTIFICATE OF DEATH
	Registration Dist, No.
Village or Gity Counterland (No. 1	Tarrison St.; Ward)  [If dealh occurred la a hospital or institution, give its NAME instead of street and number.]
2FULL NAME (AUUESC C 776)	vuseg
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Malo White (Write the word)	16 DATE OF DEATH May 74, 1914  (Month) (Pay (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
July 11, 1887	that I last saw him allye on May 18 1914
7 AGE   If LESS than	and that death occurred on the date stated above, at 3.00 m.
26 yrs 9 mos 26 ds or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work.	Intmonsy/orbitenlosis
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) 2 yrs. mos. ds.
9 B!RTHPLACE (State or country)	Contributory Mainia Secondary
10 NAME OF Mickael Morrisle	(Signed) De Gluyrid , M. D.
7 11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, OF IN deaths from VIOLEN
of Mother aura Furlars	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	or Recent Residents)  At place in the of death yrs mos ds. Slate yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of dealh?————————————————————————————————————
(Informant) / Metalet / floringer	usual residence.
(Address) Tally San Hall	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
FIMAY 8.19 (491 Jack) Sans	POUNDERTAKER ADDRESS
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: The (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-losis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for such, if impossible to determine definitely. Examples: ctc, when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puebreral septichae-"Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



UNFADING INK-THIS IS A

WRITE PLAINLY, WITH

RECORD

PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

1 PLACE OF DEATH

4465



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

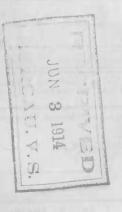
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCEO (Write the Warrier)	16 DATE OF DEATH  May  (Month)  (Day  (Year)  17  I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH  Month) (Day (Year)	that I last saw har allve on May 1 , 1914.
7 AGE 11 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) 2 yrs. mos. ds.
(State or country)  10 NAME OF FATHER Obul Wilh  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF OF MOTHER	Secondary  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Carraid Oscill	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs mos ds. State yrs mos ds Where was disease contracted, if not at place of death? Former er usual residence.
16 Filed MAY 6 1914 Jacques BEGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGG	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Par Ceru May 7, 1914  20 UNDERTATOR ADDRESS
Filed MA 191 REGISTRAR  If more blanks are needed, address State Regis	Four Stew City

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causine death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronehopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



	PLACE OF DEATH 4400	STATE OF MARYLAND
	£100,4000	CERTIFICATE OF DEATH
Go	unty Coloquia	Registration Dist. No.
Vil	lage or City Cumpulant (No. 17, 7	Clauford St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	²FULL NAME // // // O	ywaw
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR OLYOPOTED (Write the word)	16 DATE OF DEATH  (Modth)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	may 30 1916 may 31 1914
	(Monor) (Day (Year)	that I last saw handle alive on Many 3/ 191 &
7 A		and that death occurred on the date stated bove, at am,
	yrs	The CAUSE OF DEATH* was as follows:
(a pa (b) bus whi	CCUPATION ) Trade, profession, or ricular kind of work  General nature of industry, iness, or establishment in ch employed (or employer)  RTHPLACE (State or country)	Gontributory Prematury survey
PARENTS	10 NAME OF FATHER Dominis Peretta  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed) (Duration) yrs mos ds.  (Signed) (Modress) (Signed) (Modress) (Signed) (Sig
	13 BIRTHPLACE OF MOTHER (State or country)  Stale	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds
	(Interment) Desate Defative	Where was disease contracted, If not at place of death?  Former or usual residence
15 Bil	(Address) Brook Den 4 Ste Control of N 1 +914 alpha Registrar	19 PLACE OF BURIAL OR BEMOVAL  LASTE 1, 1914  20 UNDERTAKER  LASTE 1, 1914  ADDRESS  LASTE 1, 1914
	I more blanks are needed, address State Region	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question gainfully employed, as At school or At home. Care statement. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canscpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencia-The contributory Always qualify all diseases resulting from (secondary or intercurrent)



MARGIN RESERVED FOR BINDING

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Ounty allegance	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Weslernfort (No	Registration Dist. No.  St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE MARRIED, Single WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH MAY (Month) (Day), 191 4  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Month (Day) (Year)	that I last saw her alive on april 30 th 1914
TAGE    If LESS than   1 day,	and that death occurred on the date stated above, at 12 mm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. /4 ds.
9 BIRTHPLACE (State or country) Maryland	Contributory (Secondary)  (Durating)  yrs mos ds.
10 NAME OF Chas. F Telers.  11 BIRTHPLACE	(Signed) Luas L. Hibur, M. D. May (at , 1914 (Address) Liebmant HWa
11 BIRTHPLACE OF FATHER (State or country)  Maryland  12 MAIDEN NAME OF MOTHER  14 OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted.
(Intermant) Chan The Best of My Knowledge	If not at place ot death?  Former or  usual residence
(Address) (Address) My (Address	19 PLACE OF BURIAL OR REMOVAL  Philas Cumulatificat Mag 3, 1914  20 UNDERTAKER CHARLES ADDRESS  LIST STRUCK FRANCES  E Franklin St. Belto Requesting V. S. No. 1
	Darrow Requesting v. D. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the distast Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons (0)

Statement of cause of death—Name, first, the disease causeno death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencia. scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichaectc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_\_\_\_\_\_\_ (name origin; "Can-er" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Hart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asample: Meastes (disease causing affection need not be stated unless important. Ex-"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis The contributory (secondary or intercurrent) "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of death), 29 ds.: Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 6 1914

BUREAU, V.S.

No. vi2

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PHYSICIANS should of OCCUPATION is RECORD Exact statement PERMANENT EXACTLY. stated properly classifled. 4 be 2 should THIS AGE INK supplied. pe UNFADING may certificate. carefully that See instructions on back of PLAINLY, WITH should of information WRITE CAUSE OF important. S

state Very

County

3 SEX

7 AGE

Village or City

DATE OF BIRTH

8 OCCUPATION

9 BIRTHPLACE

14 THE ABOVE

PARENTS

15

(a) Trade, profession, or

particular kind of work.

(b) General nature of Industry,

business, or establishment in

(State or country)

11 BIRTHPLACE

OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address).....

10 NAME OF

which employed (or employer) .....

2FULL NAME.

PERSONAL AND STATE

..... Yrs..

4 COLOR OR RA

(Mo

1 PLACE OF DEATH

4468	STATE OF MARYLAND
	CERTIFICATE OF DEATH
	Registration Dist. No. 12
	Registration Dist, No
W. (No,	St.; Ward) [If death occurred in a hospital or Institution,
0 1 1	give Its NAME Instead
Sudual He	of street and number.]
STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
CE SINGLE, Suigle	16 DATE OF DEATH May 15 1914
WIDOWED,	(Month) (Day (Year)
ORDIVORCED (Write the word)	17 I HEREBY CERTIFY, That I attended deseased from
15-00	5-45 Gre may 14, 1914, to 1-30 G 74 may 18914.
ith) (Day (Year)	that I last saw her allve on May 14 , 1914
If LESS than	and that desth occurred on the date stated above, at 1-30 12-m,
1 day,hrs.	The CAUSE OF DEATH* was as follows:
mosds   <u>OR</u> min.?	Prinature broth
m	due of Placenta Gara
***************************************	
	(8,00)
	(Duration) yrs mos de.
1. 0 .1	GontributorySecondary
anytourd	(Duration)mosds.
140	(Signed) IN Skreing M. D.
is themen	190 1 - 60 1
, ,	Muy 13 1, 191 4 (Address) Specime
moyevama	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
1 Barrer	TAL, SUICIDAL, OF HOMICIDAL.
21 STIM	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
colland	At place In the of death yrs mos ds State yrs mos ds
BEST OF MY KNOWLEDGE	Where was disease contracted,
0. 80.	If not at place of death?
my runner,	usual residence
un mo	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
91100	Old Ceverting Longemy May 15, 1914
The les	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesse of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichue etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

County Charles Charles County Carles Charles Charles Charles Carles Carl	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.  [If death occurred in a hospital or inslitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Married, Widowed, Words (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
Saturation 1879  (Month) (Day (Year)	that I last saw her alive on may 3, 191 %
TAGE  If LESS than 1 day,hrs. ORmin.?  **OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	and that death occurred on the date stated above, at 8-30 qm.  The CAUSE OF DEATH* was as follows:  Subscules of Jungs
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary (Duration) 778. mos. ds.
10 NAME OF FATHER J.M. Porter  11 BIRTHPYNCE OF FATHER (State or country)  12 MAIDEN NAME / OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Nuchecounce	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.  At place of death yrs, mos ds  Where was disease contracted, O
(Informant)  (Address)  97 Sel.  FileMAY 8 19 7 19 19 19 19 19 19 19 19 19 19 19 19 19	If not at piace of death?  Former or usual rasidence
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (mcrely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichae cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-"Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



#### V. S. No. 1.

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Village or City Frontiery (No. 2)  2FULL NAME  1 PLAGE OF DEATH  4470  (No. 2)  2 PLAGE OF DEATH  4470  (No. 3)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  St.: Ward)  St.: Ward)  Fif death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, DRIVANCED (Write the word)  6 DATE OF BIRTH  1843	18 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from  1914, to Lucy  (1914)
TAGE  (Month) (Day (Year)  TAGE  (Month) (Day (Year)  If LESS than 1 day,hrs.  ORmin.?  B OCCUPATION  (a) Trade, profession, or particular kind of work.	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows:  Oreans Chromic Maphines
(b) General nature of Industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  **Country**  **Countr	Contributory Secondary (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed) (Address) (M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS—TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mos ds  Where was disease contracted,
(Informant) Mreston (Address) Trostburg Md	If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flied may 27, 1914 ms J. J. Comp.  REGISTRAL  If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

SHOPSER

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfuladditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," But in many "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death if the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever, (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopucumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Collapse," which surgical operation was undertaken. For viomia," "Puerpenal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital thenia," "Angemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origin; "Caucause of death approved by Committee on Nomencla sepsis, tetanus) by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as ete., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from mile," etc.), oma," "Convulsions," "Debility" ("Con-(Recommendations on statement of may be stated under the head "Dropsy," "PUERPERAL septichae-"Exhaustion," Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

PLACE OF DEATH 4471	39 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist, No.
Village or City / Nosthery (No	Macio St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH    Month   (Day (Year)
(Month) (Day (Year)  7 AGE  (Month) (Day (Year)  (Year)  7 AGE  (If LESS than i day,hrs.  ORmin.?  8 OCCUPATION (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF FATHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (informant)  (Address)	that I last saw hard alive on
Filed May 8, 1914 Do J. L. Conros	Megany Cem May 1914 20) UNDERTAKEN TROSTON &
If more blanks are needed, address State Regist	far, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations the nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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PLACE OF DEATH 4472 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No .... If death occurred in a hospital or institution. give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RAGE 5 SINGLE. MARRIED. WIDOWED, (Month) ORDIVORCE Word' I HEREBY CERTIFY. That I attended deceased from Month (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at., 1 day,....hrs. OR ..... nin. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs, \_\_\_ mos. \_\_ Where was disease contracted. If not at place of death?. Former or (Informant) usual residence 19 PLACE OF BURIAL OR BEMOYAL DATE OF BURIAL 15 UNDERTAKER ADDRESS Filed REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of tungs, meninges, peritonaeum, etc., Carcin-

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

PLACE OF DEATH 4473  County Cleyany  Village or City Charl (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
G DATE OF BIRTH  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the Word)  5 J 9 ( \( \sqrt{2} \)	(Month) (Day (Year)  I HEREBY CERTIFY, That I sttended deceased from
(Month) (Day (Year)'  7 AGE   I1 LESS than   1 day,hrs.   ORmin. ?	snd that desth occurred on the date stated shove, stm  The CAUSE OF DEATH* was ss follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)	Contributory Secondary
10 NAME OF FATHER  11 BIRTHPLAGE OF FATHER (State-of country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State of country)  13 BIRTHPLACE OF MOTHER (State of country)	(Signed)  *State the DINEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs, mos. ds
(Address)	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  ALLOW May 2 1, 1914  20 UNDERTAKER  PURCHASER  LOSTONIA  ADDRESS  Trostburg

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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	STATE OF N	ARY	LAND
(1)	CERTIFICATE	OF	DEATH
	Registration	Dist.	No. 9
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1 PLACE OF DEATH

DATE OF BIRTH

BOCCUPATION

(a) Trade, protession, or

particular kind of work

9 SIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE

OF FATHER (State or country)

(b) General nature of industry,

business, or establishment In

TAGE

PARENT

15

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE

which employed (or employer) .....

Ilf death occurred in a hospital or Institution, give its NAME Instead of street and number.]

AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE  Single,  MARRIED,  WIDOWED,  ORDIVORCED  (Write the word)	(Month) (Day (Year)
(Month) (Day (Year)    Write the word)   1	that I last saw be alive on frage alive on the date stated above, at 6 m, The CAUSE OF DEATH* was as follows:
House Miff	Confilysemas
In Janet Congland	Gontributory (Couration) / yrs. mos. ds.  Gontributory (Couration) / yrs. mos. ds.
Chas Leathan Intry) England	(Signed)  (Signed)  (Address)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Grace Tregian England	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrs,mos, ds. Stateyrs,mos, ds Where was disease contracted,
Todda	If not at place of death?  Former or  usual residence
191 4 Dollar Opproved May	20 UNDERTAKER  ADDRESS  Trostbury
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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STATE OF MARYLAND Telegany CERTIFICATE OF DEATH County Registration Dist, No Ilt death occurred in a hospital or lostitution. give Its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, Widow ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at, 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ..... 9 B!RTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_ Where was disease contracted. 14 THE ABOVE IS TRUE TO MY KNOWLEDGE If not at place of death?.. Former or

usual residence. 19 PLACE OF BURIAL REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: \*Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

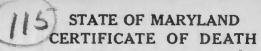
sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "l'uerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere samptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencia-Accidental drowning; Struck by railway train-acci-Bronchapneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds., affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent)



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH CountyAllegany



Registration Dist. No.

Ward

Ilt death occurred in

PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  5 SINGLY,  White  White  White  White  10 DATE OF DEATH  11 DATE OF DEATH  12 DATE OF BIRTH  White  (Month)  (Day  (Day  (Day  (LESS) then  1 day, hr.  1 day, hr.  1 day, hr.  20 DATE OF BIRTH  TAGE  4 4 YE  1 mos. 78 ds.  1 day, hr.  1 day, hr.  20 DECUPATION  (a) Track, protession, or particular kind of work  (b) Beneral nature of Industry  Particular kind winds employed (or employer)  OCCUPATION  (a) Track, protession, or particular kind of work  (b) Beneral nature of Industry  Particular kind winds employed (or employer)  OBIRTHPLACE  OF MOTHER  OF PATHER  OF MOTHER  (State or country)  Alley, Co Mr.  (Signed)  Contributory  Secondary  Secondary		FULL NAME Emma W. Ross	give its NAME instead of street and number.]
DATE OF BIRTH  MARKED Manuel (Month) (Day (Year) (North) (North) (Day (Year) (North) (		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
DATE OF BIRTH    March   1914 to Mary 18   1914	3 SE	MARRIED, Manuel	(Mynth) (Day (Year)
BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE OF ATHER OF FATHER OSTATE OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country) Alley, Co Mother OF Mother OF MOTHER (State or country) Alley, Co Mother OF MOTHER (State or c	6 DA	March 22, 1870	May 1st 1914, to May 18th, 1914,
Contributory  Bertal nature of Industry, business, or establishment is which employed (or employer)  Bertalphace  OF FATHER  (State or country) Alley, Co Mal  12 MAJDEN NAME  OF MOTHER  (State or country) Februaria  13 BIRTHPLACE  OF MOTHER  (Informant)  AND IN AMBIERT OF MOTHER  (Informant)  Address)  Address  Addre	7 AG	441 1 28 1 day,hrs.	The CAUSE OF DEATH* was as follows:
State or country) alleg: Co Med  10 NAME OF FATHER John Murfeley  11 BIRTHPLACE OF FATHER OF MOTHER OF MOTHER OF MOTHER  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  15  Filed May 20, 1914  Secondary  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Notation of Lower Lawrence  (State or country)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Si	(a) part (b) busin	Trade, protession, or ficular kind of work  General nature of Industry, ness, or establishment in	2
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Institutions, Transients, or Recent Residence of death yrs. mos. ds.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Institutions, Transients, or Recent Residence of death yrs. mos. ds.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental and the control of the property of the control of the c	SBIF	10 NAME OF FATHER John Murfely  11 BIRTHPLACE	Contributory Secondary  (Duration) yrs mos ds.  (Signed) Sache M. D.
Where was disease contracted, if not at place of death?  Former or usual residence.  (Address). Bartin 15  Filed May 20, 1914 S.a. Bricher 20 UNDERTAKER ADDRESS	(State or country) Alleg. Co M. d.  12 MAIDEN NAME OF MOTHER Margaret M. Cascher  13 BIRTHPLACE OF MOTHER		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the
Filed May 20, 1914 S.a. Bricher 20 UNDERTAKER ADDRESS		al PR	Where was disease contracted, If not at place of death?
REGISTRAR Wysel Ochon Long comes	1 6 Filet	May 20, 1914 S.a. Bricher	Loufsel Hill century to May 21, 1914  20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			

[Approved by U. S. Census and American Public Health Association.]

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thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from (secondary or intercurrent) Never report



PERMANENT RECORD

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Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLAINLY, WITH UNFADING INK-THIS

WRITE

Z.

PLACE OF DEATH
County Rlegony



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

Village	FULL NAME May & Ruy	Tom Roulst.; Ward)  [if death occurred is a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Fema	4 COLOR OR RACE   5 SINGLE, MARRIED, Fingl- widowsto, Groundered (Write the word)	16 DATE OF DEATH  Month (Day (Year)
8 DATE	OF BIRTH  Chair - 1 27 . 1855.  (Month) (Day (Year)	that I last saw here alive on May 10, 1914
7 AGE	59 yrs 1 mos ds 1 t LESS than 1 day,hrs.	and that death occurred on the date stated above, at 5 A. m, The CAUSE OF DEATH* was as follows:  Chronic Valvulus Heart Disease
particula (b) Gene business,	PATION o, profession, or r kind of work r kind of work r kind of lodustry, or establishment in uployed (or employer)	(Duration) yrs / mos 7 ds.
9 BIRTH (Sta		Contributory Secondary  (Doration)  (Signed)  (Signed)
14 THE (inform	BIRTHPLACE OF MOTHER (State or country)  ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Mant)  (Address)  (Address)  (Address)	At place in the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  20 UNDERSER  ADDRESS
Filed	3 1914 181 Jacoh REGISTRAR	20 UNDERSAKER ADDRESS

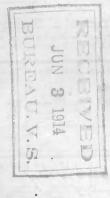
If more hianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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BINDING FOR MARGIN RESERVED

V. S. No. 1.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 PLAINLY, WITH UNFADING INK-THIS WRITE N.B.

PLACE OF DEATH 4479  County Allegany	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Village or City Constant (No. 22.	Muisa St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewas Hallau Single, MARRIED, WIDDWED, ORDIVORCED (Write the word)	1 DATE OF DEATH  Amount 1 Day (Year)  174 I HEREBY CERTIFY, That I attended deceased from
TAGE  Spark State  Spark Spark State  Spark Spark State  Spark	that I last saw not alive on Mun 27 1914
5 yrs 10 mos 20 ds 1 day,hrs. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, er particular kind of work.  (b) General nature of Industry,	
business, or establishment in which employed (or amployer)  BIRTHPLACE (State or country)	Contributory & Maghita Minuse.
10 NAME OF FATHER Searfielle  11 BIRTHPLACE OF FATHER  10 NAME OF SEAR SEARFIELLE  11 BIRTHPLACE OF FATHER	(Signed) Amie Wilson, M. D.  (Signed) Amie M. M. D.  (May 5 , 1914 (Address) Mullians Michael
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER RAME BLANCE	* Tate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted,
(Informant) Sich Scarfelle	If not at place of death?
(Address) 2 Luging Strain Field Pregistran	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UN DERTAKER  ADDRESS
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

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DEATH

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Maaan Registration Dist. No Tit death occurred in a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIOOWED, onth) ORDIVORCED (Write the word) HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER 11 BIRTHPLACE ., 191 4 (Address) - Conses ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State ..... yrs. \_\_\_ Where was disease contracted. OF MY KNOWLEDGE If not at place of death? ... Former or usual residence. 15 20 UN BERTAKER ADDRESS

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a defluite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iudefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sareoma, etc., of..... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Connant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronehopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 3 1914
BUREAU, V.S.

SICIANS should OCCUPATION IS PHYSICIANS RECORD 50 statemen RMANENT classified. should properly le1 be may that 20 of back terms, pino plain Instructions = EATH O Item E OF Every Item CAUSE OF Important.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in Ward) a hospital or institution. give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED. (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 191 ..... to (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at\_\_\_\_ t day \_\_ hrs. OR .... min. ? .....ds. 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) yrs.....ds. which employed (or employer) -----9 BIRTHPLACE Contributory (State or country) Secondary (Duration 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 4 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_ Where was disease contracted. 14 THE ABOVE IS TRUE MY KNOWLEDGE if not at place of death?-Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) -----20 UNDERTAKER ADDRESS

REGISTRAR If more blanks are needed, address State Degistrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

(Year)

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.) For persons fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. mia," "PUERPERAL poritonitis," etc. State cause for cte, when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal scptichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent)



Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very ant. See instructions on back of certificate.

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WRITE PLAINLY, WITH

S. No.

N. B.

	PLACE OF DEATH 4483	
Co	unty alleghany	
Vil	lage or City Lilmour (No.	
		,
	FULL NAME anna Catho	rine &
	PERSONAL AND STATISTICAL PARTICULARS	M
3 SI	MARRIED COLLEGE	16 DATE OF DEA
k	male White (Write the word)	
D	ATE OF BIRTH	aprila.
	29 , 1913	that I last saw h
7 A	(Month) (Day (Year)	and that death or
	yrs 10 mos 16 ds OR min.?	The CAUSE OF
	CCUPATION	
pa	Trade, profession, or ricular kind of work.	Brons
(b)	General nature of industry, () ilness, or establishment in	
Whi	ich employed (or employer)	Contributory.
	(State or country) Libror Maryland.	Secondary
	10 NAME OF	(Signed)
S	11 BIRTHPLACE Simpson	May 16th
L N	OF FATHER (State or country) Gelmore Md	*State the D
PARENTS	12 MAIDEN NAME OF MOTHER O	CAUSES, state
Δ.	13 BIRTHPLACE	18 LENGTH OF R
	OF MOTHER (State or country) Lonaconing Mil	At place of death yrs
4 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease c
	(Informant) It I Sumpson	Former or usual residence
	(Address) Kelmon Md	19 PLACE OF BU
15	2.1. 1.1600	Lona
FII	ed May 6, 1914 Halls	20 UNDERTAKE
	// REGISTRAR	1111001

If more blanks are needed, address State Registrar, 6 E. Frauklin St., Balto., Requesting V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

St.;.....Ward)

Registration Dist. No

[if death occurred in

a hospital or Institution

rune Suufsson of street and number.]
MEDICAL CERTIFICATE OF DEATH
(Month) (Day (Year)
17 I HEREBY CERTIFY. That I attended deceased from april 2 5th, 1914, to May 16 th, 1914,
that I last saw have alive on Yuly 13 1914
and that death occurred on the date stated above, at 7.50 A. m.
The CAUSE OF DEATH* was as follows:
Browlo preumonia (Ouration) yrs. mos 2/ ds.
Gontributory
(Signed) M. J. McDrust M. D. Way 16 2, 1914 (Address) Middle M. D.
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
Longeonia Md May 18, 191 V
20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the misease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonacum, etc., Carcin-

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V. S. No. 1.

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### Every Item of Information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS IS PLAINLY, WITH WRITE 3.

PLACE OF DEATH

4484

CERTIFICATE OF MARYLAND

Registration Dist, No.

Village or City Emulia (No. Hestern Ind Host St.; Ward)

1. 1. 4.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Shile Single, Widower, Wildower, Orbitale (Write the word)  Bate of Birth 20, 1898	10 DATE OF DEATH May (Year)  17 I HEREBY CERTIFY, That I attended deceased from May 3 1914, to May (1914)  that I lass saw have alive on May 5 1914
(Month) (Day (Year)	2100
/5 yrs 6 mos 20 ds 1 day, hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work  Caller	
(b) General nature of industry, business, or establishment in the Mark R. R. which employed (or employer)	(Duration) yrs mos 6 ds.
9 B;RTHPLACE (State or country)	Secondary (Duration) Process of the Secondary (Duration) Process of the Secondary Secondary Process of the Secondary Proc
10 NAME OF Charles L' Liske	(Signed) (Si
11 BIRTHPLACE OF FATHER (State or country)  12 Mainten NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
a amanda Drake	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  M	At place of death yrs. mos. 2 de. State 5 yrs. mos 20 ds
(Informant) Charles L. Sisks	Where was disease contracted. If not at place of death?  Former or
(Address) Canaleyland	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
MAY 9 1914 191 Just & Said	20 UN DERTAKER ADDRESS
REGISTRAR	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations galnfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitie," etc. State cause for ctc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uracmla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustlon," thenia," "Anacmia" (mcrely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of Ex-



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REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death occurred in a hospital or institution. give Its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH (Mont (Year) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated The CAUSE OF DEATH \* was as follows: State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, State (1) MEANS OF INJURY; and (2) whether Accide Tal, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS In the \_\_\_\_ yrs. ..... mos. .... ds. State \_\_\_\_\_ yrs. \_\_\_ mos. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mag 31 UNDERTAKER ADDRESS

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[Approved by U. S. Census and American Public Health Association.]

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"Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic dent; Revolver wound of head-homicide; Poisoned mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," ctc.), "Dropsy," "Exhaustion,"



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Iff death occurred in ....Ward) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED, ORDIVORCES (Write the provide (Month) (Day (Year) CERTIFY, That I attended deceased from Mont (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, 6 hrs. The CAUSEOF DEATH\* was as follows: OR ..... ? .mos ..... BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) Contributory. Secondary 9 BIRTHPLACE (State or country) nua 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death ...... yrs. ..... mos. .... State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_ ... ds. Where was disease contracted. it not at placa of death?... Former or

> 19 PLACE OF BURIAL OR REMOVAL 20 UNDESTAKER

usual residence.

ADDRES

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. mine, etc. Women at home, who are engaged in the the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestle service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indireturn "Laborer," "Foreman," As examples: The (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Caroin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion,"



PLAINLY, WITH UNFADING INK-THIS IS

RECORD

PERMANENT

WRITE

N. B.

### 1 PLACE OF DEATH Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. 000s really

4487

### STATE OF MARYLAND CERTIFICATE OF DEATH

Ounty Committee of the	Registration Dist. No.
Village or City Elastatore (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, MARRIED, MODED, ORDIVORCED (Write the word)  B DATE OF BIRTH	16 DATE OF DEATH  (Mynth)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  (Mynth)  (Day  (Year)  (Year)
7 AGE (Month) (Day (Year)  1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  Performance (State or country)	Contributor facult dilitation of Secondary (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	(Signed) , N. D.  May 12, 1914. (Address) Custoberland Fra  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.  OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGS (Informant)	At place in the ot death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place ot death? Former or osual residence.
16 Filed May 12, 1914 Dunies Benefit REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  ON The Hours Place May 13, 191 12 20 UNDERTAKER  ADDRESS  Complexional

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

losis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing death (the primary affection with respect to ("Pneumonia," Statement of cause of death-Name, first, the disease Typhoid fever unqualified, is indefinite): Tubercu-(never report "Typhoid

> nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origiu; "Canample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. sepsis, totanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS Probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations ou statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report

the certificate is permanently filed tions answered in detail, it will prevent further correspondcnce. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-



MARGIN RESERVED FOR BINDING

PHYSICIANS should of OCCUPATION IS RECORD PERMANENT cia properi AG supplied. O DIN may certificate # that of terms, pialn Instructions of inform DEATH See Instr 9 CAUSE OF Important.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... Tif death occurred in St.;.....Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at, 1 day, ....hrs. The CAUSE OF DEATH\* was as follows: 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ..... BIRTHPLACE (Secondary (State or country) (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ENT OF FATHER
(State or country) State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUGES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE FOR HOSPITALS. INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At piace In the OF MOTHER (State or country) ot death ...... yrs. ..... mos. ..... ds. State Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR It was blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S No. 1.

[Approved by U. S. Census and American Fublic Health Association.]

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10 OCCUPATION IS RECORD Jo PERMANENT EXACTLY ciassified. properly AG UNFADING may certificate. that 80 0 be back should plain instructions = EATH 50 A OF Every item CAUSE OF Important.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No..... [If death occurred in a hospital or Institution, give Its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from OF BIRTH (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 7,30 1 day .....hrs. OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) mac ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUAY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE Af place in the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State \_\_\_\_\_ yrs\_ \_\_\_ mos. \_ ds. Where was disease contracted. 14 THE ABOVE IS If oot at place of death? Former or usual residence DATE-OF BURIAL 15 20 UN BERTAKER ADDRESS File REGISTRAR

of more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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Dr. A. 13. STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. It death occurred in St.:...Ward) a hospitat or Institution. RECORD give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS FNJ 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, PERMAN WIDOWEO, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE ciassi and that death occurred on the date stated above, at. D 1 day, .... brs. The CAUSE OF DEATH\* mos. 2/ ds. OR ..... ? proper 8 OCCUPATION (a) Trade, protession, or particular kind of work. supplied (b) General nature of industry, pe business, or establishment in (Duration) may which employed (or employer) that it ma Contributory 9 BIRTHPLACE (State or country) (Secondary) (Deration 10 NAME OF FATHER (Signed). 50 back (Address) 11 BIRTHPLACE terms, ARENT OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME plain OF MOTHER instructions 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE 드 At place In the OF MOTHER ot death ..... yrs. ..... mos. ..... ds. State ..... yrs, .... mos. EATH 2 Where was disease contracted. 14 THE ABOVE IS TRUE TO It not at place of death? of DE/ usual residence OF CAUSE OF Important. 19 PLACE OF BURIAL DATE OF BURIAL (Address) 15 0 REGISTRAR more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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V. S. No. 1.

# WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH 4491	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
2 FULL NAME PLAY THE THE	St.; Ward)  a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Generales 4 COLOR ON RACE SINGLE, Lengte MARRIED, WIDOWED, ORDIVERED (Write the word)	16 DATE OF DEATH May 15, 1914 (Month (Day (Year))  17 I HEREBY GERTIFY, That I attended deceased from
S DATE OF BIRTH  (Solar 13 , 14 )  (Month) (Day (Year)	that I last aaw he alive on may 15 1914.
7 AGE (Year)  7 AGE (If LESS that 1 day,hrs ORmin.?	and that desth occurred on the date stated abova, at 11,309 m.
(a) Trade, profession, or particular kind of work	multiple heurity
(b) General nature of industry, business, or establishment in which employed (or employer)  PRITHPLACE (State or country)  Another who was a file of the country of the cou	Contributory Secondary  (Ouration) yrs mos 3 ds.
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  OF MOTHER	(Signed) (Signed) (Signed) (Signed) (Address) (Address) (N. D. CAUSES, state the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos. ds
(Informant)	Where was disease contracted, If not at place of death?  Former or usual residence
16 MAY 161914 Geo. Z. Portadrup- REGISTRAR	Jagnora Way May 1914  Date of Burial
If more blanks are needed, address State Reg	istrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specfstatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcine

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nophritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 4 1914 BUREAU. V.S. -Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

.....Ward)

[It death occurred in a hospital or institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERÚFY, That I attended deceased from
(Month) (Day (	(ear)   that I last saw h alive on
7 AGE II LE	SS than and that death occurred on the date stated above, at & a m.
yrs mos 4 ds. OR	min.? The CAUSE OF DEATH * was as follows:
(a) Trade, protession, or particular kind of work Jahon on Cosmil	Care in of a fant of dist
(b) General nature of Indostry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Gontributory Secondary
10 NAME OF FATHER YEARS WOALD	(Signed) Am A Shay Caroner, M. D.
OF FATHER (State or country)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	CAUSES, STATE (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)	or RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Intermant)	Former or usual residence.
(Address) frances black me	19 PLACE OF BURIAL OR REMOVAL PO DATE OF BURIAL
Filed 5/28", 1914 Jeo. L. Broadru	20 UNDERTAKER ADDRESS
	te Registran & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons causing nearin, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the nisease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scptichac-"Heart failure," "Hacmorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for



PLACE OF DEATH STATE OF MARYLAND Very state CERTIFICATE OF DEATH SICIANS should OCCUPATION IS County-Registration Dist. No. PHYSICIANS Ilt death occurred in RECORD a hospital or institution, give its NAME instead ot street and number. I of statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED, Marri 1914 BINDING WIDOWED. (Month) (Day (Write the word) (Year) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH classified. (Month) (Day (Year) TAGE If LESS than D E 0 1 day .....hrs. THIS or ..... ? properly Chron 8 OCCUPATION (a) Trade, profession, or 0 particular kind of work SERVE pe (b) General nature of industry. UNFADING business, or establishment in liddns may (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory certifica Secondary Duration) 10 NAME OF FATHER 9 5 (Signed) ARGIN terms. ARENTS 11 BIRTHPLACE OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 0 12 MAIDEN NAME Instructions OF MOTHER plal MOU 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 5 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted If not at place of death? 5 0 OF (informant) CAUSE OF usual residence 00 MIN DATE OF BURIAL (Address) W. D. C Every 15 ب≳191, UNDERTAKER ADDRESS υż REGISTRAR ż If more blanks are needed, address State Registrar, 6 E Franklin St., Bott Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

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cause. Always qualify all diseases resulting from ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head "Scnile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



RECORD	HYSICIAN	of occup
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIAN	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP
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M	tem	10

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(79)	STATE OF MARY CERTIFICATE OF	
· Comment	Registration Dist.	./-
Baltimore	St.;Ward)	[If death occurred to a hospital or institution, give its NAME instead of street and number.]
	MEDICAL CERTIFICATE OF	DEATH
16 DATE OF DE	ATH May	20 , 1914

PERSONAL AND STATISTICAL PARTICULARS				LARS	MEDICAL CERTIFICAT	E OF DEATH
³se Fe	x male	White Samuel Samuel, Married on Whomen Married or (Write the word)		16 DATE OF DEATH May (Month)	20 ,1914 (Day (Year)	
B DA	TE OF BIR	тн			1 24.	hat I attended deceased from
		August	16	,1865		744 10 , 191 4
		(Month)	(Day	(Year)	that I last saw h alive on Y.	20, 191 4
7 AG	Ξ	#8 yrs 9	mos 5	If LESS than  1 day,hrs.  is. ORmin.?	and that death occurred on the date st	
(a)	CUPATION Trade, protession ticular kind of	on, or Mono			Van accus	uon of wass
(b) General nature of industry, business, or establishment in which employed (or employer)				5 (0	o yrs o mos 1 h	
9 81	RTHPLACE (State or co	untry)	ryland		Secondary	mmg up a Han
	10 NAME OF FATHER Peter M. Mouse				(Signed) (Ouration	Thurson M.
11 BIRTHPLACE OF FATHER (State or country) Maryland  12 Mailden Name OF MOTHER		*Struct the DISEASE CAUSING DEATH, or, in deaths from VIOLES CAUSINS, state (1) MEANS OF INJURY; and (2) whether ACCIDE TAL, SUICIDAL, Or HOMICIDAL.				
PAR	12 MAIDEN OF MO	NAME Mary Mo	ore		16 LENGTH OF RESIDENCE (FOR HOSPIT	
	OF MOT (State	BIRTHPLACE OF MOTHER (State or country)  Maryland		OR RECENT RESIDENTS) At place in of death yrs, mos ds. St	the ate yrs, mos, de	
		Joseph Wea		WLEDGE	Where was disease contracted, If not at place of death?	
(	IIIIVI IBAIII)			***************************************	usual residence	
(Address) Cumberland, Md.				19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL	
			12,	Handcock Md.,	5/22 /14,191	
			Jain	O UNDERTAKER	ADDRESS	
424-4				REGISTRAR	Louis Stein	City

4494

(No. 157

PLACE OF DEATH

County Allegany

Village or City Cumberland

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every persou, irrespective of age. ness of various pursuits ean be known. The question who have no occupation whatever, write Nonc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of oeeupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: The (0)

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OCCUPATION PHYSICIANS RECORD PERMANENT BINDING properly pe may that 20 ō ARGIN terms, n back Instructions plai 2 See 20 OF Every Item CAUSE OF Important.

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RAGE DATE OF DEATH MARRIED, WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day,....hrs. mos. OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment In which employed (or employer) 9 BIRTHPLACE Contributory (State or country) 10 NAME OF FATHER (Signed). ARENTS 11 BIRTHPLACE 191 ... (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place MOTHER (State or country) Where was disease contracted. It not at place of death?.. usual residence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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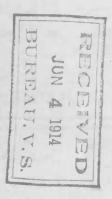


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ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuless of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

-Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGCUPATION is very Important. See instructions on back of certificate.

N. B.

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.....Ward)

[It death occorred in a hospital or Institution, give its NAME instead of street and number.]

FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tund Mail Single, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH 2 , 1914 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h alive on
7 AGE If LESS than	and that death occurred on the date stated above, at
yrs	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Chron Similar
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Buration) 3 yrs mos ds.
9 BIRTHPLACE (State or country)	Secondary State Secondary
10 NAME OF FATHER William Corroy	(Signed) Claus Dunnay, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 Mainten NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  in the
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds  Where was disease contracted, If not at place of death?
(Interment) Pro Kallier huyan	Former or usual residence
(Address). Willington hid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Nestural March 1914
Filed 14, 1914 F.a. Sh. Asst.	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canwhich surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, "Contributory." scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OR HOMICIDAL, OR as probably LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 Never report For vio-



V. S. No. 1.

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCGUPATION, is very Important. See instructions on back of certificate.

4498 11 2 1 PLACE OF DEATH

#### STATE OF MARYLAND

County Allegand	CERTIFICATE OF DEATH
	Registration Dist, No.
Village or City Let Savage (No.	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead
FULL NAME William Lexely	Wing field of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale  4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, ORDIVORCES (Write the word)	16 DATE OF DEATH LOS DIAK , 1914 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h alive on
T AGE I1 LESS than	and that death occurred on the date stated above, at // A m,
6 yrs 6 mos 7 ds OR min. ?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	3rd & 4th degree vury
(a) Trade, profession, or particular kind of work	over Entere tody
(b) General nature of Industry,	acceptulation
business, or establishment in which employed (or employer)	Function defe detration) yrs mos. ds.
OBIRTHPLACE (State or country) alboars & Med	Contributory liveling Charles from Secondary brew SIP
10 NAME OF FATHER William King best Callinghee	(Signed) (Suration) yrs mos ds.
O 11 BIRTHPLACE OF FATHER	,191 (Address) LLEX Karag E.
(State or country)  (State or country)  (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) Laraf Wlug field	Former or usual residence
(Address) Mix Davag & Med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	moderny had the 24, 191.4
Filed May 2 1914 Tours, Muney Mo	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as Housewife, Housework, or At Home, and ehildren, not mine, etc. Women at home, who are engaged in the material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Nevcr (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the Disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carein-

mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras-Bronehopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State eause for

